University of Alberta

Confidant reactions to disclosures of sexual abuse: A qualitative study

by

Amanda Ruth Gibson

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in

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Abstract

This research investigated the descriptions of confidant reactions to their disclosures of childhood sexual abuse from the point of view of the survivors. This research involved secondary analysis of transcribed interviews conducted as part of a larger research project that had been conducted. Relevant portions of interviews of 30 women survivors of childhood sexual abuse, ranging in age from 21-59 were analysed, in an effort to provide qualitative descriptions of the kinds of reactions that the survivors reported receiving from their confidants, as well as assess the usefulness of Carl Roger's Self theory as a theoretical framework from which to study and understand how confidants' reactions may affect survivors and their adjustment. Data analysis uncovered five dimensions along which confidant reactions could be classified: Belief, Empathy, Blame, Protection and Assistance, and Stigmatization/Normalization. Data analysis also suggested that Carl Roger's Self theory does indeed provide a useful theoretical framework from which to conduct further research into disclosure and confidant reactions.

Dedication and Acknowledgements

This thesis is dedicated to the two women who have been my models of integrity: my mother, Ruth Gibson, and my late grandmother, Myra Ridout. This thesis is also dedicated in honour of the experiences of survivors everywhere.

I would also like to take this opportunity to express my deepest gratitude to the members of my committee, Dr. Sobsey, Dr. Kieren, and Dr. Skrypnek, for their willingness to invest their time and expertise into supervising this thesis. I would especially like to thank Dr. Skrypnek for the infinite patience and faith in me that she showed as I struggled to complete this thesis. It will not be forgotten!

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CHAPTER 1

INTRODUCTION

During the last decade, society has become increasingly aware of the prevalence of childhood sexual abuse and has called for various prevention and intervention efforts. Researchers estimate that up to one in four females, and between one in 15 and one in six males, are molested sexually during childhood or adolescence (see Coker, 1990; Dawson, 1984; Finkelhor, Hotaling, Lewis, & Smith, 1990). As evidence from empirical studies accumulates, it generally confirms the clinical impression that sexual abuse in childhood poses a serious risk to mental health, even into adulthood (Finkelhor & Browne, 1988). Long term effects that have been identified include: depression; self-destructive behaviour; anger and hostility; poor self-esteem; feelings of isolation and stigma; difficulty in trusting others; marital and relationship problems; many sexual difficulties, including frigidity, vaginismus, inability to tolerate sexual arousal, and flashbacks; as well as a tendency towards revictimization (see Edwards & Donaldson, 1989; Finkelhor & Browne, 1988).

Individual responses to incest and the severity of resulting emotional trauma appear to be highly variable. Among those factors examined to date, the factors that have been identified as being the most influential in determining the long term effects are: childhood coping mechanisms, type of sexual abuse, degree of force or violence involved, duration of the relationship or the number of incidents, the number of perpetrators, and support from others when disclosure occurs (see Coker, 1990). Clinicians have noted that the harm of some sexual abuse experiences lies less in the actual sexual contact than in the process of disclosure and intervention (Burgess, Holstrom & McCausland, 1977; Pelletier & Handy, 1986). Consequently, the eventual emotional adjustment of the victim is theorized to be greatly influenced by how and when the disclosure is handled and the resulting reaction of the people to whom the abuse is disclosed.

Statement of the Problem

The public is being increasingly encouraged to disclose instances of abuse. This is in an attempt to mobilize intervention efforts aimed at promoting survivors' subsequent adjustment. However, there is a need for greater understanding of the potential impact that disclosure may have on survivors. Although the research done to date suggests that the manner in which disclosures are handled by confidants has implications for survivors' later adjustment, there are two important limitations to the research that has been conducted to date. The first limitation is that the descriptions and meanings attributed to confidant reactions have essentially been researcher generated. As such, there is a lack of description of confidant reactions and their meaning from the perspective of survivors in the research literature and, consequently, the voices of survivors have been lost. The second limitation stems from a lack of articulation in the literature of any well defined theoretical framework that has served to guide the research that has been conducted to date.

Conducting further research that would inform our understanding of the impact of confidant reactions on survivors consequently would consist of three steps. The first step would be descriptive in nature. This would involve describing confidant reactions, and the meaning that they appear to have for survivors, in survivors' own words. There are several reasons why such a qualitative study of confidant reactions to disclosures of childhood sexual abuse from the survivors' perspective should be undertaken. First, both the context and the meaning of the reaction for the survivor have tended to be lost in the quantitative research done to date. In the research linking reaction to disclosure and adjustment in survivors, researchers have coded reactions in a very narrow way, and primarily from their own perspective and not that of the survivors. If we could identify the aspects of the disclosure experience that are meaningful to the survivor, and thus gain a richer understanding of nuances to the reactions that survivors receive to their disclosures, we would have a better basis from which to understand the effect that various reactions

can have on the survivor, consequently enabling confidants of disclosures to respond in a more appropriate and effective manner.

The second step would be interpretive or explanatory in nature and consist of theory building. It would involve using the descriptions and meanings derived out of the first step to generate a theory outlining how confidant reactions to disclosures of sexual abuse might affect survivors.

The third step would consist of hypothesis testing. This would involve using theory to make predictions as to the effect of confidant reactions on the survivors and then testing these predictions.

Research Aims and Guiding Questions

The third step was beyond the scope of the researcher to include in this study. Thus, this study endeavoured to address the first two steps and contribute to our current knowledge by a) analysing existing qualitative data from interviews with adult survivors concerning their disclosure experiences, and b) examining the data from the perspective of Carl Roger's self theory in order to identify the characteristics/dimensions of confidants' reactions that had meaning for the survivors.

In this study the researcher sought to address the gaps in the research that has been done to date in several ways. First, the researcher examine qualitative data provided by survivors in which they described the reactions that they received to their disclosures of childhood sexual abuse and identified common thematic elements to their experiences. By doing so, the researcher grounded the data analysis in the experiences of survivors, thus allowing their voices to be heard.

In seeking to address the second limitation identified in a review of the research literature, the lack of any well defined guiding theoretical framework outlining how and why particular reactions to disclosure might influence survivor's adjustment, the researcher then proceeded to analyse the resulting dimensions that were identified in light of their potential theoretical implications. Specifically, the researcher sought to determine whether

the particular theoretical framework outlined by Carl Roger's in his self theory might be useful in understanding the meaning that different reactions have for survivors, and thusprovide a promising theoretical link between confidant reactions and survivors' adjustment that could guide, future research in this area.

Why was Carl Roger's self theory selected as the theoretical basis from which to examine the dimensions that emerged from the survivors' descriptions of the reactions that they received to their disclosures? In reviewing the literature, the only attempt to provide a theoretical framework to outline how confidant reactions can impact on survivors' adjustment that was found was that of a very general social support perspective. According to this framework, disclosure is seen as a means whereby a survivor may solicit support from others that will help the survivor to cope with trauma associated with the abuse experience. However, an examination of the research literature revealed that responses that would be predicted to be helpful from a social support perspective were not always found to be associated with the reported helpfulness of the confidant. Thus, another theoretical framework from which to examine this process was thought to be needed.

Therefore, in identifying a theoretical framework to guide this research, a different approach was used. It was felt that an understanding of the nature of adjustment problems experienced by survivors would be useful in suggesting how confidant reactions might affect the adjustment of survivors. Most of the disorders in adjustment reported as being experienced by survivors of childhood sexual abuse can be attributed to disturbances in the Self. As such, an examination of confidant reactions to disclosure was deemed to be potentially fruitful in uncovering dimensions to these reactions that might affect the survivors' self-concept and, consequently, their subsequent adjustment. Carl Roger's self theory was the only theoretical framework with which I was familiar that would simultaneously address issues related to the interaction between a confidant and a survivor (disclosure) as well as those related to possible disturbances in the survivor's Self (adjustment).

Further support for selecting Carl Roger's self-theory as an initial perspective from which to examine the potential impact of confidant reactions on survivor's was found in the following quote from an incest survivor describing her experiences while in therapy:

> *Whenever I share something sensitive with my therapist, I carefully monitor her facial expressions and body language. I watch her, because I want to see whether or not she is O.K. with what I am telling her....In other words, if my therapist reacts negatively to my sensitive sharing, I interpret that reaction as non-acceptance of my feelings and experiences, which I translate into non-acceptance of me...A therapist's calm, gentle, empathic reaction to my sensitive issues clearly communicates to me her acceptance and validation of my experiences and feelings.*
>
> *It is vitally important to me that my therapist validates my feelings. When my thoughts and feelings are validated, I am free to feel more deeply and I can find words to express those deeper thoughts and feelings (Roth, 1993, p 43).*

This quote provides clear examples of Roger's concept of a client feeling "received" by a therapist when disclosing something sensitive and of the client not feeling "received". In the last sentence of the quote, this client suggests that experiencing a state of being "received" facilitates her ability to examine and process her thoughts, feelings, and experiences, which one would expect to contribute to personal growth and adjustment. Therefore, the following two questions served to guide the research:

1) How do survivors of childhood sexual abuse describe confidant reactions to their disclosure of the abuse?

and

2) In what ways, if any, do survivors of childhood sexual abuse experience confidant reactions to their disclosures of the abuse as validating or invalidating of themselves and their experience of being sexually abused?

CHAPTER 2

LITERATURE REVIEW

Introduction

Sauzier (1989) notes that, although experienced clinicians stress the importance of the process of disclosure, most research studies have not included disclosure data as important variables. What follows is a general introduction to disclosure and recantation by survivors of childhood sexual abuse, as well as a review of what is known about the impact of various factors on disclosure, the impact of various factors on reactions of confidants to disclosure, and adjustment outcomes experienced by survivors following disclosure.

A disclosure may occur accidentally or purposefully. There are three primary ways in which abuse is typically disclosed: visible clues (e.g., blood on underpants, vaginal discharge, change in behaviour, pregnancy, etc.), the abuse is witnessed by another, or the child tells someone directly (Burgess, et al., 1977).

There is documented widespread reluctance of victims of child sexual abuse to spontaneously disclose their abuse (see Deblinger, McLeer, Atkins, Ralphe, & Foa, 1989; Gonzalez, Waterman, Kelly, McCord, & Oliveri, 1993; Sauzier 1989). Though some children tell right away, most do not tell or tell after a significant period of time has elapsed from the initial experience of abuse. For example, in a study of 228 adult women survivors of childhood incest, only slightly over a third had disclosed their abuse before age 18 (Roesler & Wind, 1994). Similarly, in a study of 115 children evaluated at the Family Crisis Program for Sexually Abused Children in Boston, 24% of the children had disclosed immediately after being abused (within a week), 21% had disclosed within a year, 17% after more than a year, and 39% had not disclosed but had been referred after accidental disclosures (Sauzier, 1989).

Recantation of a disclosure is also a common phenomena. In studies with children seen in therapy or referred to an outpatient sexual abuse treatment clinic, approximately

25% of the children recanted earlier disclosures of sexual abuse (Gonzalez et al., 1993; Sorensen & Snow, 1991). However, approximately 90% of those children who recanted subsequently made a redisclosure of abuse. Summit (1983) has developed a model that explains how a child who lacks the needed support to cope with the chaotic aftermath (i.e., blame, family break-up) may recant an earlier disclosure of sexual abuse in order to restore order.

Why are children reluctant to disclose or choose to recant their disclosures? Factors that have been identified relate to the power differential between the survivor and perpetrator, the use of threats, children's inability to comprehend what is happening to them, as well as concerns about familial response and fear of being blamed (see Gonzalez et al, 1993). Accounts from survivors often stress the degree to which survivors believe that they are the only person who has had this experience and that others will reject them if they discover this secret (Courtois, cited in Finkelhor, 1987). In a study of 25 women survivors of both childhood and adult sexual assault, reasons given for not reporting the abuse fell into the general categories of "too young and afraid", "too vulnerable", "feeling of personal fault", and "confusion over what had happened and whether or not it was morally right" (Harvey, Orbuch, Chwalisz, & Garwood, 1991). Those reasons identified in a study of 228 adult women survivors of childhood incest were "fear for safety", "shame", and "repression of memories" (Roesler & Wind, 1994).

Faller (1989) cites studies indicating boys to be more reluctant to report sexual abuse than girls. The author suggests that this reticence likely emanates from the fact that boys are socialized not to reveal doubts, weaknesses, and fears. Also, due to the fact that most abusers are male, Faller suggest that boys may have the additional taboo of homosexuality to overcome if they tell.

Confidants of Disclosures

Children who disclose the abuse most often tell a parent or parent surrogate, most often the mother, with the next most common confidante being another adult relative or a

friend (Berliner & Conte, 1995; Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994; Sauzier, 1989).

On the other hand, adults who disclose about their childhood sexual abuse primarily tell intimate partners, friends and therapists (Lamb & Edgar- Smith, 1994; Roesler & Wind, 1994).

Factors Influencing Disclosure

Age

Although it seems that older children are more likely to tell about the abuse than younger children, research findings are not always consistent. For example, in a study of children referred to a treatment program, age was not found to be related to ability to disclose (Sauzier, 1989). However, Farrell (1988), in a study of 106 founded reports of father-daughter incest to Child Protective Services units, found that self-disclosed reports of abuse increased as the child's age increased up until the 16-17 year age range, where it dropped off again. It is likely that a number of factors associated with age, such as the possessing of language to tell about the abuse are responsible for these findings. This is supported by the fact that, in a study of children seen in a outpatient sexual abuse treatment clinic, preschoolers were more likely to disclose accidentally, and adolescents were more likely to disclose purposefully (Sorensen & Snow , 1991).

Relationship of Survivor to Perpetrator

Faller (1989) hypothesized that the closer the relationship between survivor and perpetrator, the longer it would take the survivor to report the sexual abuse. A child is more likely to love someone close and not want to get him or her into trouble. Also, a perpetrator in an intimate relationship is likely to have more opportunity and power to persuade or coerce the child not to tell about the abuse. Research findings consistently provide corroboration for this hypothesis. For example, Sauzier (1989) found immediate disclosures (within one week) to be predominantly disclosures of abuse by a non-family

member. Abuse by a family member, especially a natural parent, was more likely to be disclosed later or not at all (in cases where the children were referred as a result of accidental disclosures). Similar findings were obtained by Faller (1989), who found the longest delay in disclosing intrafamilial abuse to occur in cases of abuse by a biological father, followed by abuse by a step-father, and then abuse by a non-custodial father.

Characteristics of the Abuse

The child's ability to tell of the abuse also appears to be influenced by a number of characteristics of the abuse experience itself, such as the duration and severity of the abuse as well as the strategies employed by the offender to gain the child's compliance.

Duration of the abuse. Examination of the relation of duration of abuse to disclosure reveals that, overall, the largest percent of disclosures are for abuse of a longer duration rather than a shorter duration period. For example, Farrell (1988) examined the percentages of children who disclosed for periods of abuse 1) lasting less than one month, 2) lasting between one to five months, 3) lasting six to 11 months, 4) lasting 12 to 23 months, and 5) lasting 24 months-or-more. Farrell found that the greatest percentage of the self-disclosed reports were for the six to 11 month and the 24 months-or-more categories of duration (27% and 38% of the reports respectively). In contrast, the smallest percentages of self-disclosed reports fell into the less than one month and the one to five month categories of duration (7% and 9% respectively). However, in a study of children referred to sexual abuse treatment program, Sauzier (1989) found that children abused only one time were actually more likely to tell late or not at all, rather than right away. From these studies, is difficult to ascertain whether it is the duration of the abuse that is affecting the timing of disclosure, or whether it is a delay in disclosing (due to various factors) that is permitting the abuse to continue for a greater period of time. Sauzier's (1989) finding that one time disclosures tended to be disclosed later or not at all would suggest that it is likely the latter that accounts for the observed positive correlation between duration of abuse and timing of disclosure.

Severity or type of abuse. Findings indicate that, with regard to non-contact abuse, children are likely to tell right away or not at all (Sauzier, 1989). Studies involving children referred to treatment programs and retrospective accounts from college students indicate that, with regard to contact abuse, the more intrusive, severe, and ritualistic the nature of the abuse experienced, the less likely the abuse was to have been disclosed. That is, the abuse is likely to not be disclosed until later, if at all (Farrell, 1988; Haugaard, cited in Gonzalez et al., 1993). This is further supported by Sauzier's (1989) finding that, of those children who told immediately (within one week), most had experienced the "minor" forms of abuse.

Offender strategies. Not surprisingly, the offender's strategies for gaining a child's compliance have also been found to be related to disclosure. In Sauzier's (1989) study of children referred to a treatment program, aggressive methods were found to be likely to evoke either immediate telling or failure to ever tell (i.e., they were referred because of accidental disclosure). In this study, most children subjected to intercourse with aggression never told. However, when the perpetrator's strategy relied on threats or manipulation instead, the majority of the children disclosed later or not at all. Sauzier suggests that it is likely that aggression either allowed disclosure of the obviously "bad" event or scared the survivor into never telling. Manipulation, on the other hand, is suggested by Sauzier to be more likely to lead to greater confusion about who is to blame for the abuse and, therefore, may discourage immediate disclosure.

Profile

Sauzier (1989) provides a profile of those children who find it easy or difficult to tell which is based on clinical experience and research findings. According to Sauzier, disclosure is easier for a child traumatized by an aggressive, one time, sexual act which feels bad rather than confusing to the child and is perpetrated by someone towards whom he or she does not feel any loyalty or commitment. Disclosure is more complex and costly for a child who has been manipulated into longstanding abuse and worries about his or her

involvement and responsibility, or who has been subjected to abuse by a biological parent to whom he or she feels strongly tied, and who is aware that revealing the abuse will cause major turmoil in the family.

Process of Disclosure

Clinical reports and some empirical studies with children suggest that disclosure is best viewed as a process, not an event (Sorensen & Snow, 1991). Many survivors of incest, particularly adolescents, describe an anticipatory phase in which they think about telling someone and rehearse a disclosure scene (Sauzier, 1989). The literature also suggests that children, initially, are often vague when disclosing, begin by providing small bits of information, are more likely to reveal the abuse of another child before admitting what happened to them, and do not reveal ritualistic aspects of the abuse until later (see Gonzalez et al., 1993). Some children's attempts at disclosure are so vague and indirect that they are easily misunderstood (Sauzier, 1989). A study of children referred to an outpatient sexual abuse treatment clinic found that only 11% of the children were able to provide a disclosure of sexual abuse without denying or demonstrating tentative features (Sorensen & Snow, 1991). However, "active" disclosure, in which the children were able to give a detailed, coherent, first-person account of the abuse, was eventually made by 96% of the children in this study. A study of 63 children in therapy also found support for this pattern to disclosure (Gonzalez et al., 1993). The timing of disclosure of various aspects of the abuse that the children had experienced was examined. The median week of initial vague disclosures (i.e., "bad things happened") by the children was found to be the lowest of all the types of information disclosed. The median week of initial disclosure of least intrusive sexual abuse and intrusive sexual abuse was found to be substantially lower than that for very intrusive sexual abuse. Finally, ritualistic acts had the highest median week of initial disclosure of all the aspects disclosed by the children.

However these studies have only examined disclosures from the confidant's or researcher's perspective. A study of retrospective accounts from adult women survivors of

incest did not support the notion that children are, initially, intentionally vague when disclosing (Roesler & Wind, 1994). Instead, the majority of women (84.5%) in this study reported that, as children, they gave specific details of the abuse or told that something sexual happened, with only 15.5% reporting that they had only hinted that something was wrong. In this study, childhood disclosures were not found to be more likely to involve hinting than adult disclosures. In addition, most of these women (74.2%) believed that the confidant understood that they were disclosing sexual abuse. The rest of the women either did not believe that their disclosure was understood by the confidant or were unsure.

Because disclosure can be very threatening, some children may indeed seek to ascertain how safe it would be for them to fully disclose. In this way, they may begin by "testing the waters" through initial vague disclosures and disclosure of less threatening aspects of the abuse that they have experienced and wait for the confidant's reaction before proceeding further. This hypothesis is supported by the fact that many reasons reported for not disclosing have to do with fear regarding the reaction that will be received upon disclosing. However, as the study by Roesler and Wind (1994) suggests, it may also be that children are not always intentionally vague, but rather they may lack the language to clearly communicate their disclosure or that their attempts to fully disclose may be met with a reaction that causes them to cease disclosing before a detailed disclosure is accomplished.

Confidant Reaction to Disclosure

The responses that survivors receive to their disclosures appear to be mixed. In the first group of studies, researchers examined the reactions children received to their disclosures of sexual abuse. Berliner and Conte (1995) found that 54% of the children in their study characterized the initial reaction as supportive; while, on the other hand, 26% reported a shock/surprise, 15% reported upset/sadness, 11% reported anger, 8% reported disbelief, and 15% reported fear as constituting their confidant's reaction. The authors note that, although most of the children felt that they received a positive response, it was

often because their fears about telling were not realized. Similarly, Jehu (1988) reports that 44% of parental reactions were classified as "blaming the victim".

Another set of studies has employed adolescent and adult samples in examining confidant reactions. West (cited in McNulty & Wardle, 1994), reports that, in a sample of college students recalling childhood disclosures and a sample from a General Practice clinic, only 15% and 17% of the respondents, respectively, reported that their confidant had been understanding. Reactions to disclosure varied: 24% received comfort and understanding, 18% met with reactions of amusement from peers, 9% were told to play it down, 9% were ignored, 6% were met with disbelief, and 7% experienced anger directed towards them. Ageton (1983), in her five year, longitudinal study of adolescents, reports that confidants were generally supportive and reassuring, and that relationships with boyfriends and husbands were not seriously affected. However, she notes that, while fewer than 5% experienced disbelief, 17% of confidants blamed the survivor, and over 25% of confidants were angry with the survivor. These results reflect reactions to both childhood and adult disclosures. Last of all, Everill and Waller (1995), found that 21% (n=7) of the women who had disclosed reported receiving an adverse response, while 79% (n=27) reported receiving a supportive response. These results reflect both childhood and adult disclosures of both childhood and adult sexual abuse/assault.

While the theoretical and clinical literature is consistent in suggesting that maternal support is crucial for ameliorating the harmful effects of father-perpetrated incest, some mothers react with disbelief, rejection, or blame when a child needs acceptance, protection, and reassurance (see Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). For example, in their study of male and female victims of sexual abuse, Pierce and Pierce (cited in Sirles & Franke, 1989) found that 16% of non-perpetrating parents refused to believe the child's claim. Similarly, Sirles and Franke (1989) found that 21.8% of mothers did not believe their child's report of abuse. Estimates of the percentage of supportive mothers have ranged from 27% -56% (see Everson et al., 1989). Everson et al. (1989) classified 44% of the 84 mothers in their sample as providing consistent support during the

period following disclosure of sexual abuse, 32% were classified as providing ambivalent or inconsistent support, and the remaining 24% were unsupportive or rejecting of their children.

Factors Affecting Confidant Reactions to Disclosure

As mothers are the most common confidant and have been the primary focus of investigation into confidant reactions, most of the factors that have been identified as affecting confidant reactions to disclosure come from studies with mothers.

Survivor's age at disclosure. Different findings have been found with respect to the age of the child at disclosure and maternal reaction. With respect to maternal belief of the child's report, Sirles and Franke (1989) found that the vast majority of mothers of preschool age victims believed the child (95.0%). This percentage dropped to 82.4% for latency aged children, and decreased dramatically to only 63.2% for disclosures by teenagers. With respect to maternal support following disclosure, Everson et al. (1989) found that children in the 16-18 year old group received somewhat higher levels of maternal support than those in other age groups.

In studies of retrospective accounts from adult survivors of their adult and childhood disclosures, adult disclosures are remembered by survivors as being more positive and helpful than childhood disclosures (Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994). There is some confounding of age with relationship to confidant, as children are more likely to tell parents and adults are more likely to tell friends or therapists. However, the relationship of age at disclosure and confidant reaction holds even when controlling for relationship of confidant (Roesler & Wind, 1994). Lamb and Edgar-Smith (1994) suggest that adult disclosures may be more positive for survivors because the abuse has stopped and less action is required from the confidant. This hypothesis is supported by the fact that they found that the most direct disclosures, childhood disclosures intended to stop the abuse, were received least positively by confidants.

Confidant's relationship to survivor. Studies of retrospective accounts of disclosures provided by adult and adolescent survivors indicate that disclosure to a therapist or non-family member (friend, spouse) was typically remembered as being more helpful and supportive than disclosure to a family member (Everill & Waller, 1995; Lamb & Edgar-Smith; Roesler & Wind, 1994). There is some confounding of choice of confidant and age at disclosure as mentioned in the previous section. However, the relationship of the confidant and the remembered helpfulness of the response held when controlling for age at disclosure (Roesler & Wind, 1994).

Confidant's relationship to perpetrator. Maternal reaction to disclosure has been found to vary in a predictable way according to the relationship the mother has to the perpetrator. Studies with mothers and their children (Everson et al., 1989; Faller, cited in Everson et al., 1989; Sirles & Franke, 1989) have found that the percentages of mothers reacting with belief or support following disclosure varies, from the greatest percentage providing either belief or support to the smallest, according to following pattern of relationship to the perpetrator:

1) perpetrator is non-family member;

2) perpetrator is extended family member (e.g., survivor's uncle, grandfather);

3) perpetrator is mother's ex-spouse and survivor's non-custodial father;

4) perpetrator is mother's current spouse and survivor's biological father;

5) perpetrator is mother's current spouse and survivor's step-father; and,

6) perpetrator is mother's boyfriend or live-in partner.

Substantial differences were often observed. For example, in their study of intra familial abuse, Sirles and Franke (1989) found that 92.3% of the mothers believed the report if the offender was an extended family member. However, this percentage decreased to 85.9% if the offender was the child's biological father, and to only 55.6% if the offender was the child's step-father or the mother's live-in partner.

It has been suggested that a mother's ability to support her child is frequently diminished when the mother experiences conflict in her roles as central support figure to

both her child and male partner, especially if the disclosure occurs at a time when the mother's own social, emotional, and economic supports may be at risk (Everson et al., 1989).

Characteristics of the abuse. Mother's reactions have also been found to vary according to the severity of the abuse. Sirles and Franke (1989) found that when the abuse consisted of digital or oral contact with genitals (child's or offender's) the vast majority of the mothers believed the report. Mothers were less likely to believe the report when abuse involved either vaginal or anal intercourse. This finding is surprising, as it would be expected that it should be harder for a mother to perceive her child as having misconstrued what happened when the child reports having experienced intercourse as opposed to fondling. Sirles and Franke suggest that it might be less threatening to a mother to accept that her child has been fondled than to accept that intercourse has taken place. However, it is important to note that the mother's relationship to the perpetrator was not controlled for when examining this variable This is important, as studies by Russell (1984, 1986) indicate that abuse by step-fathers is typically more frequent, as well as more likely to involve genital intercourse, fellatio, cunnilingus, anilingus, and anal intercourse than that perpetrated by biological fathers. Therefore, it is important to ascertain whether it was indeed the nature of the abuse to which the mothers were responding or whether this finding is an artifact of the mothers' relationship to the perpetrators.

Whereabouts of mother. Mothers have also been found to be more likely to believe the child if the report indicated that the mother was not home at the time the abuse occurred (Sirles & Franke, 1989). Sirles and Franke suggest that mothers may find it hard to believe that the abuse could have happened when they were on the premises because this fact challenges their awareness of the situation and their ability to protect their child.

Physical abuse and alcohol. Sirles and Franke (1989) found that when the child was also physically abused by the offender mothers were less likely to believe the child's report. Sirles and Franke suggest that perhaps the non-believing mothers felt that their

children had falsified the report in retaliation for the physical abuse. It was also found that mothers were less likely to believe the report if the offender was known to abuse alcohol. Sirles and Franke suggest that a mother who tolerates alcohol abuse may more actively deny problems and be predisposed to not believing the report of abuse, or that her dependency needs may outweigh those of her child.

Perpetrator confession. Contradictory findings have been found regarding perpetrator confessions and mother's reactions. Everson et al. (1989) found that mothers were more likely to be supportive of their children if the perpetrator confirmed the sexual involvement. However, Sirles and Franke (1989) found no significant relationship between mother's tendency to believe the report and perpetrator confession or denial of the abuse.

Disclosure and Subsequent Adjustment

Children report mixed reactions to having disclosed. Berliner and Conte (1995) report that relief was the emotion most often expressed about telling (69%), with fear (16%), sadness (7%), and anger (3%) also identified. They also report that 97% of the children responded affirmatively to the question, "Overall, do you think it is a good idea to tell?" Berliner and Conte (1990) report that, when asked what they would have done differently, virtually all of the children said that they would have told someone earlier. However, not all children end up feeling positive about their disclosure. Nineteen percent of the adolescents in a study by Sauzier (1989) reported regretting having disclosed their abuse. They wanted abuse to stop but felt that they had destroyed their family.

There are also contradictory finding obtained in studies relating disclosure of childhood sexual abuse to outcome variables. Two studies did not find any relationship between whether the abuse is disclosed and long term trauma; whereas another found that children who do not tell, or at least do not tell right away, show fewer symptoms (see Finkelhor & Browne, 1988). There are studies that indicate that disclosure of abuse may initially engender increased disorganization and symptom exacerbation in the psychological state of survivors (see Frawley, 1990; McNulty & Wardle, 1994).

However, disclosure is felt by many professionals to be an important part of the healing process and they have noted significant problems concurrent with keeping one's abuse a secret (Lamb & Edgar-Smith, 1994). There is empirical and clinical support for this contention. For example, Pennebaker (cited in Harvey et al, 1991) found that survivors of various traumatic events often have improved psychological and physical health if they have confided about their trauma. Consistent with this research, Frawley (1990) reports clinical experiences where incest survivors have demonstrated marked improvement in their capacity for intimate relatedness subsequent to disclosing their incest histories. In addition, women survivors who participated in a study by Brunngraber (1986) reported that they considered disclosing their incest experiences to be positively related to their overall adjustment to their past victimization.

Because these studies have not resulted in identifying a consistent, direct relationship between disclosure of childhood sexual abuse and outcome variables for survivors, research examining various aspects of the disclosure experience has been undertaken. Such research has been undertaken with the intention of identifying mediating factors that might explain these apparently contradictory findings. For example, Lamb and Edgar-Smith (1994), examined whether such things as timing of first disclosure, response of confidant to first disclosure, number of total lifetime disclosures, and other aspects of disclosure were related to adult socio-emotional functioning of the survivors in their study. Neither the number of total disclosures made, nor the number of disclosures to which a positive response was received (either during childhood or adulthood), nor whether the participants first disclosed the abuse during childhood or adulthood, was found to be related to adult socio-emotional functioning in this study. However, the participants' perception of the helpfulness of the confidant was found to be correlated to aspects of the disclosure: adult disclosures were remembered as being more helpful than childhood disclosures, and more indirect disclosures were perceived as being met with a more positive response than more direct disclosures (those intended to stop the abuse).

Relationship of Confidant Reaction to Adjustment

Clinicians suggest that it is likely that the intervening variable of confidant's reaction to the disclosure is responsible for the contradictory findings linking disclosure and the subsequent adjustment of survivors. According to professionals working with survivors, disclosure can carry the potential for harm as well as good, depending on how the disclosure is dealt with. Therefore, while it may be true that in some cases silence may create isolation and suffering, it may also spare the child from the additional traumatic effects of parental and community reactions (Finkelhor & Browne, 1988).

When survivors have been asked why they did not disclose their abuse, many of the reasons that have been given are associated with fears about how the confidant would respond to the disclosure. Additional research further substantiates the importance survivors attach to confidant reactions. Frenken and VanStolk (1990), found that those professionals who simply showed an interest in and understanding of the story of abuse were highly valued by their patients, whereas those who tried to ignore the story of abuse were least positively valued. Data on the helpfulness of confidants in a study by Lamb and Edgar-Smith (1994) appears to place significant emphasis on the confidant's expression of concern and empathy for the survivor. In this study, the researchers examined the various responses made by those confidants rated as most helpful and by those rated as least helpful by the survivors. The responses that were made most commonly by confidants rated as most helpful included: 1) said perpetrator was sick, 2) indicated abuse to not be the fault of survivor, 3) believed survivor, and 4) showed concern for the survivor. The responses that were made most commonly by confidants rated as least helpful by the survivors included: 1) did not believe survivor, 2) blamed or hinted at blaming survivor, and 3) indicated survivor was blowing it out of proportion.

In a small number of studies, researchers have tried to systematically relate the level of support offered by confidants to adjustment outcomes experienced by survivors following disclosure. Most of this preliminary research appears to support the clinical perception that confidant reaction is an important mediator between disclosure and

survivors' subsequent adjustment. One group of studies has examined the adjustment demonstrated by children who have made disclosures of childhood sexual abuse. The results of these studies appear to suggest that it was the lack of support provided by the adults on whom these children depended, rather than the provision of support, that served to account for the differences in child outcomes that were observed. Children who were not supported following disclosure were diagnosed with far more emotional and behavioural disturbances, evidenced greater psychopathology as measured by their scores on the depression and Self-Image subscales of the Child Assessment Schedule, and were more likely to be removed from the home than children who received support (Adams-Tucker, cited in Everson et al., 1989; Everson et al., 1989; The Tufts New England Medical Center report, cited in Everson et al., 1989). In addition, the Tufts New England Medical Center report (cited in Everson et al., 1989) found that the presence of maternal support did not relate to improved outcomes for sexual abuse victims

Studies with adolescent and adult survivors have also found a link between supportive reactions and adjustment outcomes for survivors. Testa, Miller, Downs, and Panek (1992) found that, among a group of women who experienced childhood sexual abuse, those who experienced supportive reactions following disclosure of the abuse tended to have fewer psychological symptoms and higher self-esteem. Everill and Waller (1995) found that a perceived adverse response to disclosure was associated with greater levels of psychopathology, particularly oral control, dissociation, and self-denigration on the part of survivors in their study. Wyatt and Mickey (1987) found that 55% of the women survivors of childhood sexual abuse who received positive family support evidenced no negative lasting effect on their attitude toward men, 21% had minimal effects, 12% had modest effects, and 12% had severe effects. A similar significant pattern was found for the reported overall negative effects of the abuse on the survivor's lives, though the relationship was weaker. Finally, Harvey et al. (1991), found that positivity of confidant reaction was negatively correlated to the reported negativity of impact of the abuse on close relationships as well as present negative affect, and positively correlated with

reported success of coping. In addition, the early confide-helpful reaction group reported significantly greater coping and less negative affect than did either the early confide-negative or late-confide-negative groups.

Summary

Many survivors do not spontaneously disclose their abuse. Fears about the reaction that they will receive to disclosure of abuse are commonly reported by survivors. When survivors do disclose, the reactions that they receive are highly variable. Disclosing typically results in a more supportive response when the disclosure if made by the survivor as an adult to a therapist or non-family member than if made as a child to a parental figure. Also, the research suggests that survivors appear to find confidant reactions to be positive or helpful when the confidant believes the survivor, shows concern or empathy for the survivor, and does not blame the survivor. In contrast, it appears that confidant reactions are experienced as least helpful when the confidant does not believe the survivor, blames the survivor, or minimizes the abuse. Finally, preliminary research suggests that those survivors receiving more "supportive" reactions to their disclosures tend to exhibit better adjustment.

Two important gaps in the research have also come to light as a result of this literature review. First, due to the techniques of data collection and analysis that have been employed by researchers in this area, the voices of survivors tends to be lost. Data collection and analysis tend to reflect both researchers' conceptualizations of the ways in which confidants react as well as their inferences regarding the meaning of such reactions for survivors. This has resulted in a lack of rich descriptions of confidant reactions and their meaning from the perspective of survivors in the literature. Second, although preliminary research appears to suggest a link between the reactions that survivors receive to their disclosures and survivors' subsequent adjustment, a systematic and comprehensive theoretical framework outlining how and why various reactions might do so has not been articulated. Thus, it is essential that theory building and testing be

conducted in this area so as to provide a needed framework from which to conduct research and intervention.

CHAPTER 3

THEORETICAL FRAMEWORK

Introduction

An understanding of the nature of the adjustment problems experienced by survivors should be useful in suggesting how confidant reactions might affect survivors' subsequent adjustment. The most common problems experienced by survivors are: low self-esteem; depression; suicidal ideation; self-destructive behaviours; difficulty trusting others; dissociation and multiple personalities; as well as other self-denigrating attitudes, including guilt, shame, and self-blame (see Briere & Runtz, 1987; Finkelhor & Browne, 1988). Most of these characteristics and behaviours reflect disturbances in the Self (c.f. Broucek, 1991).

This observation leads to the following question. Is there a way in which confidant reactions might impact survivors' adjustment by affecting survivors' sense of self? The theoretical conceptualizations contained in Carl Roger's self theory provide just such an explanation of how confidant reactions might possibly affect survivors' adjustment. Thus, the major focus of this thesis has consisted of an inquiry into the potential usefulness of this particular theoretical perspective in understanding how survivors experience confidant reactions to their disclosures of childhood sexual abuse.

Carl Roger's Self Theory

Development of an Individual's Organism

Carl Rogers (1951, 1959, 1961) has developed an eclectic theory of personality development. From the phenomenologists, Rogers has incorporated the concept of a phenomenal field into his theory. According to this concept, when an individual is born, he or she is born into an environment. As an individual interacts with the environment, he or she experiences sensory input. Everything that is taken in and experienced by the organism in this manner constitutes the phenomenal field of that individual. This

phenomenal field constitutes an individual's reality and can never be completely shared by another. As an individual interacts with and reacts to this phenomenal field, he or she comes to be endowed with an awareness of "being in the world". In other words, a subjective awareness of his or her existence. Rogers refers to this as an individual's Organism.

According to Rogers, an individual relates to the environment in terms of an actualizing tendency. Essentially, as the individual experiences his or her environment, the individual engages in a valuing process; the individual perceives, "I don't like that," or, "I do like that." Thus, according to Rogers, an individual will seek to relate to the environment in a manner that maintains or enhances his or her Organism.

Development of an Individual's Self

Standal (cited in Rogers, 1959), coined the term self-experience, which is defined as any event or entity in the individual's phenomenal field that is also discriminated as "self", "me", "I", or related thereto. These self-experiences constitute the raw material out of which the self-structure or self-concept of the individual is formed. The self-concept is an organized gestalt of perceptions of the "I" or "me" and their relationship to others and various aspects of life, along with the values attached to these perceptions (Rogers, 1959). In other words, people are capable of experiencing themselves as an object in their phenomenal field. An individual can observe himself or herself as well as form thoughts and feelings (evaluations) about what is observed. The totality of the cognitions and affects resulting from information acquired in this manner forms the individual's self-concept or Self.

Borrowing from the Symbolic Interactionists, Rogers (1951, 1959, 1961) holds that significant others constitute important sources of information and feedback in an individual's phenomenal field. Symbolic Interactionists hold that people are reflective, interacting entities who derive meaning out of social interaction (Mead, 1934). Theorists,

such as Cooley and Mead have articulated their theoretical conceptions as to how this premise applies to the development of the Self.

According to Mead (1934), an individual does not experience him or herself directly, by becoming a subject to himself, but indirectly by first becoming an object to self as others are an object to the self. Mead argues that it is this ability to take an objective view of oneself, which is only possible through the process of social interaction, that allows for the awareness of the existence of a Self to emerge. According to Mead, the Self is the product of the relationship between the I (self as subject) and the me (self as object). Cooley (1902) also maintains that the central means through which an individual sees himself or herself is in the reaction of others to the individual. He refers to this as the "looking glass self". According to his conception, the reactions of others are like a mirror held up to a person, reflecting an image of self that the individual might appraise just as he or she would appraise another person seen directly. There are three aspects to Cooley's looking glass conception of the self. First, one must imagine how one appears to others. Then one imagines what their judgement of that appearance must be. Third, one develops some self feeling, pride or mortification as a result of imagining other's judgements.

Rogers (1951, 1959, 1961), in elaborating his theory, goes on to state his premise that, an individual can introject those values expressed by others and incorporate them into his or her Self <u>as if</u> they were the individual's own. In other words, an individual can evaluate his or her thoughts, qualities, behaviours, and experiences in light of the value that they hold for others and not according to whether they are experienced as such by the individual's Organism. Rogers holds that, when this happens, the stage is set for the Self to develop along a developmental pathway that results in maladjustment.

<u>Roger's Theory of Maladjustment</u>

Arkoff (1968) defines adjustment as an individual's interaction with the environment. Thus, according to Arkoff, adjustment does not reside in the individual or the

environment, but is rather a quality that is attributed to the interaction between the two. Arkoff also views adjustment as a dynamic process- as the personal and situational demands experienced by the individual, as well as the individual's capacity to achieve a state of reconciliation between the two, can change over time. Those individuals who are able to function in the surrounding environment in such a way that their needs and goals are met exhibit good adjustment; those whose functioning is somehow impaired exhibit maladjustment.

Rogers (1951, 1959, 1961) views maladjustment as an incongruence between an individual's Organism and an individual's Self. This state of incongruence arises when the organismic process is usurped. When this happens, the individual becomes oriented towards maintaining and enhancing the individual's Self rather than the individual's Organism. Instead of accurately symbolizing his or her (organismic) experience, the individual denies his or her experience or gives it a distorted symbolization in order for it to be incorporated in the structure of the Self without threat. Thus, the individual comes to be impaired in his or ability to function effectively in the environment as the authentic experiencing of the individual is no longer guiding the valuing process that governs his or her interaction with the environment.

Roger's Theory of Relating and Adjustment

Out of his work as a therapist, Carl Rogers (1951, 1959, 1961) has developed a theory outlining the principles governing the establishment of a therapeutic relationship. These principles can be applied to any interpersonal relationship however.

Essentially, Rogers postulates that in order for an interpersonal relationship to be therapeutic (i.e., to promote a state of adjustment) an individual must experience being in a state of being "received" by another. This state of being "received" has two main components. The first component refers to the connection that the individual feels when the other (e.g., the therapist, the confidant) seeks to share and understand the individual's subjective experience -when the other seeks to enter as completely as he or she is able

into the individual's phenomenal world. This is a connection resulting from shared perspective-taking or empathy. The second component refers to the connection that occurs as a result of experiencing the unconditional positive regard of the other. Unconditional positive regard means that the other demonstrates respect and acceptance of the individual and his or her experience. In other words, there is no imposing of conditions of worth on the individual. The individual is valued as such, and not according to what he or she says, does or thinks. Thus, the individual experiences a connection with the other because, not only does the other attempt to share and understand the individual's phenomenal world, but the individual's experience of his or her world is accepted and validated by the other.

According to Rogers, by being responded to in such a way that he or she feels "received", the individual is provided with a safe interpersonal environment in which he or she can allow experiences which had been previously denied accurate symbolization to be acknowledged and incorporated into his or her Self. Consequently, the resulting reorganized self-concept is more "authentic" or congruent with the organismic experiencing of the individual, thus enabling the individual to adjust more effectively.

Application of Theoretical Framework to Disclosure of Childhood Sexual Abuse

How do these theoretical formulations potentially apply to survivors and their disclosure of childhood sexual abuse? Confidant reactions to disclosure of childhood sexual abuse are theorized to provide feedback to survivors. This feedback can serve to either validate survivors' perceptions of their experience and sense of personhood, or invalidate and disqualify them. Confidant reactions to disclosure of sexual abuse are theorized to be related to adjustment in that reactions that leave survivors feeling that they have been "received" by their confidant are postulated to promote survivors' ability to authentically experience the impact of their abuse experience and incorporate it into their self-concept. On the other hand, reactions that result in survivors not feeling "received"

are postulated to hinder this process. The resultant congruent self, emerging when survivors succeed in incorporating their experience in an authentic manner, is theorized to promote survivors' ability to function in their environment in an effective, mature way that meets their needs and promotes their personal growth. However, confidant reactions that do not leave survivors with a sense of being "received" are postulated to impede the necessary processing of the abuse experience and contribute to the development of disturbances in the survivors' Self.

CHAPTER 4

RESEARCH STUDY

Research Method

The research study consisted of secondary analysis of data previously collected as part of a larger research project, "Self-Blame and Adjustment in Survivors of Childhood Sexual Abuse", directed by Berna J. Skrypnek at the University of Alberta. This project involved in-depth, semi-structured interviews (which were taped and transcribed with the permission of participants) and completion of several paper and pencil instruments by self-identified, adult women survivors of childhood sexual abuse.

Sample

Participants for the original research project were recruited in three different ways: via advertisements in local newspapers, via public service announcements on local television and radio stations, as well as via posters placed around the university campus and the sexual assault centre. The advertisements asked adult women survivors of childhood sexual abuse if they would like to volunteer to participate in a research project. The various advertisements contained a phone number where prospective participants could phone the researchers in order to solicit more information as to the nature of the study and to arrange a mutually convenient time and place for completion of the interview and instruments should they agree to participate. A copy of the advertisements can be found in Appendix A.

Thirty women, ranging from 21-59 years in age, who were interviewed as part of the "Self-Blame and Adjustment" project conducted at the University of Alberta constitute the sample for this study. Participants had experienced contact or non-contact abuse prior to the age of 18. Contact sexual abuse was defined as including: sexual touching/fondling of either the survivor or the perpetrator, inappropriate kissing, attempted or completed oral, anal, or vaginal intercourse, and any similar acts. Non-contact sexual abuse was defined

as including: exhibitionism, voyeurism, and use of pornography or inappropriate sexual talk by the perpetrator with the survivor.

The most striking finding with regard to the abuse experienced by the 30 women in this sample was that all but one survivor had experienced more than one instance of sexual abuse. One out of the thirty women experienced abuse from a single perpetrator on a single occasion. Another survivor had experienced several isolated occasions of abuse at the hand of different perpetrators (though the survivor suggests that there may be instances that she has forgotten). Twelve survivors had experienced ongoing abuse at the hand of a single perpetrator. Finally, 16 of the survivors had experienced abuse at the hand of multiple perpetrators, with ongoing abuse at the hand of at least one of the perpetrators.

The survivors had predominantly experienced intra familial abuse. Seventeen out of the thirty survivors had experienced intra familial abuse only. Eleven survivors had experienced both intra familial abuse as well as extra familial abuse. Only two survivors had experienced extra familial abuse exclusively.

Procedures

The interview questions contained in the original interview schedule were designed to elicit information needed to address various research questions. The interviews began by asking demographic questions about the participants' date and place of birth, family of origin, education, occupation, marital status, etc. The next portion of the interview asked about their abuse experience (i.e., nature of the abuse, relationship to perpetrator, age at which abuse occurred, etc.), their thoughts and feelings regarding the abuse and its impact on their lives, their experience with disclosure of the abuse, as well as their healing and experience with any therapy. The questions contained in the interview were quite open-ended in nature and were intended to provide a structure within which participants could tell their story in their own words. Care was taken to allow the women to express themselves freely and not constrain their responses. The probes included in the

schedule were used only when a respondent did not provide the general type of information that was being sought at that particular point in the interview. A copy of the interview schedule can be found in Appendix B. The paper and pencil measures assessed attributions for the sexual abuse, emotions, and standard measures of adjustment.

Initial contact with the women participating in the original research project was made over the phone. Upon hearing about the study, the women phoned the research office to obtain more information and/or schedule a time to participate. When the women phoned, they were provided with the following information about the research project:

> *This study is part of an ongoing program of research under Dr. Berna Skrypnek, here the University of Alberta. Besides Dr. Skrypnek, myself and another researcher are currently involved in helping to collect and analyse the data. We are conducting the study in order to understand more about the thoughts, feelings, and problems of women who have been sexually abused as children. We ask that you participate in one session, which involves an interview and completing several paper and pencil questionnaires. The session is expected to take approximately two hours to complete. The session usually takes place in an office we have at the University of Alberta.*
>
> *The first part of this study involves an interview. The interview begins by asking you some very general questions about your background, such as your age, education, occupation, family, etc. Then we will move on, and you will be asked to talk about the sexual abuse that you experienced as a child. We recognize that some of these questions might be upsetting for you and we want you to know that, should you decide to*

participate, you do not have to answer any question that you do not feel comfortable answering. We also want you to know that you will be treated with sensitivity and respect. If at any time you wish to stop the interview, we will. You will be in control of what happens. With your permission, we will audio-tape the interview so that I do not have to take so many notes. Afterwards, the interview will be transcribed, that is, typed up, with all names or other identifying information omitted. Then the tapes will be destroyed. Neither the interview nor the questionnaires will identify you by name; we will simply use an identification number for reference purposes.

After the interview, you will be asked to complete several paper and pencil questionnaires. These ask you about your thoughts about why the abuse occurred, about your emotions, and about problems that you might be experiencing (such as sleep problems, headaches, worries, anxiety, etc.). Although we would like participants to complete all the questionnaires for research purposes, you, of course, should only answer those questions you wish to answer or feel comfortable answering.

I know that this has been a quick description of the study. Do you have any questions about the study? Is there anything else that I can tell you?

Once any questions were answered, the women were asked if they would like to participate. Due to the sensitive nature of the study, some of the women decided not to participate. These women were thanked for their interest and were told that they were welcome to call again should they change their mind. If the women appeared to be hesitant, they were told to take as long as they needed to think about participating and to call back should they have any further questions or concerns. Finally, for those women

who did decide to participate, the interviewer arranged a mutually convenient time and place for the interview to take place. In most instances the interviews took place in an office at the University of Alberta. However, occasionally, an interview was conducted elsewhere due to transportation or child-care concerns, or if the woman was uncomfortable with the university setting.

Due to the sensitive nature of the interview, it was important that the interviewer attempt to put the participant at ease and establish a rapport with her. Thus, upon meeting for the interview, the interviewer would introduce herself, engage the participant in small talk, and inquire if there was anything that she needed (e.g., something to drink), before beginning. The interview room was also set up to be as comfortable and pleasant as possible by furnishing it with plants, a picture, and an easy chair.

The participant was then given an information sheet describing the nature of the study and the potential side effects to participating. Any questions that she had were answered. She was then asked to sign and date a consent form. A copy of the information sheet and consent form can be found in Appendix C.

The interviewer then conducted the interview portion according to the schedule found in Appendix B. The researcher probed as necessary to obtain rich data from the participants. The interview was audio-taped for later transcription if permission was given by the participant. The interview typically took between an hour and an hour and a half to conduct. Upon completion of the interview, the participant was asked if she would like to take a break before completing the pencil and paper instruments.

Upon completion of the interview segment, the participant was given standardized instructions regarding how the remaining instruments were to be completed. The importance of reading all instructions and completing every question was stressed by the interviewer. In addition, the participant was informed that she should not put her name on any of the questionnaires and that she should take as long as needed to complete them. Finally, she was informed that she would be left alone to complete the questionnaires and that the interviewer would check in with her occasionally to see if she had any questions.

The questionnaires typically took 20-30 minutes to complete. The interviewer then collected the completed instruments. The interviewer marked each of the interview schedules, tapes, and instruments with the same code number for reference purposes during analysis.

The researcher then conducted a brief debriefing session with the participant and thanked her for her participation in the study. The debriefing sheet can be found in Appendix D. The debriefing began by telling the women about some of the factors that research has found to be related to adjustment as an adult. The reason for this was to help the participant to understand why certain questions were asked during the course of the interview. The interviewer then inquired whether the participant had any questions or concerns regarding the session. The participant was informed that she should feel free to write or phone the project supervisor, Dr. Skrypnek, or the interviewer if she had any concerns at a later time or desired a copy of the results of the project. The participant was also given a list of resource people and agencies that she could contact should she wish to discuss with a professional any issues that may have arisen as a result of her participation in the research project. A copy of this list can be found in Appendix E. The participant was also informed that a delayed reaction to the interview might possibly occur. The interviewer stressed to the participant the importance of contacting an appropriate resource and Dr. Skrypnek should she experience any difficulties at any time following the interview. Finally, the participant was thanked for her willingness to participate and courage in telling her story. The debriefing typically took 5 to 10 minutes to complete.

Ethical Considerations

The data collection procedures undertaken in the research project were guided by various ethical considerations. As sexual abuse is a sensitive topic, many safeguards to protect the comfort, safety, privacy, and other rights of the participants were built into the research project.

Informed consent. First, participants in any research study need to be able to give their informed consent to participating in the study. As such, the participants in the original research project were made aware of the nature and the purpose of the research project, and any questions that they had were answered prior to commencement of the interviews. The participants were also reminded that their involvement was completely voluntary and that they were free to refuse to answer any question, or to withdraw from the research project entirely if they wanted to do so. The participants were informed that they would receive no benefit from their participation other than that gained from the opportunity to share their story and assist in increasing our understanding of sexual abuse and how we might help other survivors. Finally, the participants were informed as to the potential negative effects that might experience as a result of talking about their abuse experience. These issues were stressed to the participants when they phoned and again before commencing the interview. The participants were also asked to sign a consent form certifying that the interviewer had indeed explained all this to them. In this way, it was ensured that the participants were able to give their informed consent to participation in the research project.

Confidentiality and anonymity. The participants were also informed of the steps being undertaken to safeguard the confidentiality of the information that they were providing. The participants were informed that the information that they provided would not be made accessible to anyone other than the researchers and the transcriptionist. They were also informed that the consent forms, tapes of the interviews, interview schedules, and instruments would be kept in a locked research office at the University of Alberta. The participants did not have to reveal their true name if they did not wish to do so, and they were informed that no references that might identify them would be made in any discussion of the results. In addition, a number, for the purpose of referencing during analysis, was the only identifying mark placed on any of the interviews or questionnaires. Obviously, as face to face interviews were conducted, complete anonymity on the part of the participants was not possible.

Other concerns and safeguards. In an effort to contribute to the comfort, safety, and well-being of the participants, the interviews were conducted at a location with which the participant was comfortable. Also, the interviewers attempted to be considerate of the needs of the participants for breaks, refreshments, etc., during the interviews and to put the participants at ease. It was also recognized that participants might potentially experience an adverse reaction due to their participation in the research project. To this end, the participants were reminded that they did not have to answer any questions that they did not wish to and a resource list was made available during the debriefing session in case they should need to discuss any issues arising out of their participation in the project.

The participants were also informed, in writing, that the research project was being conducted under the auspices of the University of Alberta. As such, the research project also had to meet with the approval of the University of Alberta's ethics review process.

Data Analysis

Procedure. The transcripts of the women's interviews were analysed, in particular the women's descriptions of any experiences they had with disclosing their abuse. The specific questions asked of the participants during the section of the interview dealing with disclosure can be found on page six of the interview schedule (see Appendix B), and were as follows: 1) Did you ever tell anyone about the sexual abuse?, 2) Who was it that you told?, 3) How old were you when you told?, and 4) What was their reaction? Responses provided to questions one through three were tabulated quantitatively and are summarized for the sample in the results section.

Survivors' descriptions of confidant reactions to their disclosures were analysed qualitatively using the conceptual clustering technique outlined by Miles and Huberman (1984). First, the sections of the transcripts in which the survivors described their disclosure experiences were read and reread. In doing this, the reactions that survivors received to their disclosures could be examined in context, thus allowing them to be

analysed with respect to the meaning attached to them by the survivors. Once the essence of the various reactions was obtained through this reading, a brief paraphrase of the each reaction was written out. The summaries of the reactions were then analysed for common conceptual underpinnings that would link the reactions together into categories or dimensions. Once a preliminary identification of the underlying dimensions had been accomplished, each quote regarding the reactions that the survivors had received was then extracted and "pasted" under the heading to which it pertained, until no further dimensions could be identified.

Specifically, the way in which survivors described their disclosure experiences were analysed with a view to identifying whether the survivors perceived reactions as conveying validation or invalidation, and, if so, how. In this way, the analysis allowed any common dimensions to confidant reactions along which survivors experienced validation or invalidation of themselves and/or their experience of abuse to be identified.

Issues of Rigour. Miles and Huberman (1984) stress the importance of the researcher taking steps when conducting qualitative analysis to substantiate that what is reported in the results reflects what is in fact contained in the data, in other words, providing "confirmability."

One of the avenues suggested by Miles and Huberman (1984) to provide "confirmabilty" is to have another also look at the data and results. If others agree that they too have come to the same conclusions upon examining the data, there is corroboration that the results are not strictly an imposition of the researcher's biases and preconceived notions on the data, but reflect a more or less accurate portrayal of what is reflected in the data.

Two sources provided some imput into validating the results of this study. The first source came from my thesis supervisor. My supervisor provided a source of feedback when the data analysis was complete. I attempted to bolster the validity of my findings by providing many quotes directly from the interviews to illustrate the dimensions that I had conceptualized. As my supervisor had not participated in the data analysis beyond the

initial survey of the data with me, she was able to provide relatively objective insight into possible alternate meanings/conceptualizations that could be contained in the quotes. In this way she served as a validity check, by agreeing that she saw the same things in the quotes that I was seeing. My supervisor did not raise any concerns in this regard upon examining my results.

Another way to bolster the validity of the results obtained in this study would have been to take the results back to the participants and ask them if the results reflected an accurate portrayal of their experience. This was not possible as secondary data analysis was employed and the participants could not be contacted for follow-up. However, I attempted to reduce the introduction of potential bias into the data analysis in several ways. First, I actively attempted to acheive an empathy with the survivors' experiences and open myself up to whatever they had to tell me, putting aside any expectations I may have had. I continually reminded myself to maintain this empathic "openess" during the data analysis, reading and rereading the transcripts to get a feel for the individual survivor's perspective on her experience. Then, in generating the categories during data analysis, I used the words of the survivor's themselves to label the dimensions, so as to reduce the chance that they would be biased by the imposition of my own prejudices and conceptualizations.

Furthermore, I actively resisted attributing meanings to the survivor's descriptions that I did not perceive as being readily apparent and explicit to the "average reader" of the interview transcripts, as there was no opportunity to go back to the participants to probe further with regard to their descriptions of the reactions that they had received to their disclosures. As such, I chose to err on the side of missing possible meanings that were contained in the data than risk imposing my biased interpretation on the survivor's descriptions. In this way I sought to pull out valid, though possibly incomplete descriptions of confidant reactions to the survivors' disclosures from the data .

Miles and Huberman (1984) also suggest that the "confirmability" of the findings can also be bolstered by examining the data for disconfirming evidence. After devising the

categories, I went back to the data and actively sought to find other descriptions that I may have previously overlooked, that would be outside the conceptualizations that I had come up with. I did not come up with evidence for other possible categories. I also examined the data to see if any of the reasons that the survivors gave for disclosing or not disclosing suggested conceptualizations that I had overlooked, or that contradicted those that had emerged as a result of my analysis. There were no disconfirming reasons given by the survivors. In fact, the reasons that survivor's gave for disclosing or not disclosing, indicated that survivors held a priori conceptualizations in line with the dimensions that emerged from the analysis of the data. These a priori conceptualizations provided yet another check on the validity of the dimensions that emerged as a result of the data.

Limitations of the Study

As this study consisted of a volunteer sample, definitive generalizations to all survivors of childhood sexual abuse abused cannot be made. The women who chose to volunteer for the original research project may differ in significant ways from women who chose not to participate. Various factors, such as the ability to recall the abuse and comfort in talking about the abuse, have likely affected affect women's willingness and ability to participate. Clearly, women who have totally repressed their experience of childhood sexual abuse are unable to recognize their potential to participate. The sample of women interviewed for this study also represented an extreme population due to the significantly higher than average scores indicating adjustment problems that they obtained on the adjustment measures. Another important limitation in this respect is that the original research project did not collect data from male survivors. As such, the proposed research is limited to the study of disclosure and confidant reactions to disclosure in women survivors.

The original research project was also retrospective in nature. As such, there may be intervening factors between the abuse and disclosure experiences related by the survivors and the survivor's participation in the research project that have affected how

survivors described these experiences during the interview. For example, a large percentage of the women who participated had been in therapy, which is likely to have influenced their processing of the abuse and, consequently, how they currently think and feel about themselves and their experiences.

Finally, as the data to be analysed in the proposed research study had already been collected, data analysis was constrained to examining the responses provided to the questions asked in the original research project. Consequently, the questions asked of the survivors in the original research project are not as explicit as would be desired to address the current research questions. As such, the original research project did not systematically elicit as detailed information about survivors' disclosure experiences (particularly the meaning that confidants' reactions had for them at the time of disclosure) as would have been the case if the researcher could have designed the questions to be asked in the process of collecting the data.

CHAPTER 5

RESULTS

Sample Characteristics with Respect to Disclosure

Although the purpose of this research was to describe survivors perceptions of the nature of confidant reactions to disclosure and the importance of these reactions for the survivor based on qualitative analysis of transcripts of the survivors' responses to the open-ended interview questions, descriptive statistics and summaries of whether survivors disclosed, and to whom they disclosed were prepared. This served two purposes: first, to provide a description of the sample with respect to these variables; and second, to allow comparison of this sample with samples in other studies.

There were some problems posed in determining if, how, when, and to whom the survivors disclosed, but this was never the intention of the study. The information contained in the interviews was often incomplete and not systematically followed up. For example, it was not always specified whether the survivor had disclosed with regard to all instances of abuse to a particular confidant or not, nor what the survivor had specifically said to the confidant. An additional obstacle that was uncovered was that it appears, that when the survivors were asked whether they had told anybody about the abuse, they understood this to mean telling while the abuse was going on (or shortly after) or named the first person to whom they had disclosed. As such, survivors often made additional comments in other sections of the interviews which indicated that they had spoken to various other individuals with respect to the abuse and its implications. One particularly interesting phenomenon along this line, was the fact that several of the survivors described how siblings or other family members were abused too, or otherwise knew about the abuse, thus making it a family "secret". The interviewer did not always pursue how such individuals had come to be made aware of the abuse, thus allowing a detailed history of the survivors disclosure experiences. Therefore, more detailed analyses, that would have been possible otherwise, can not be included in this study.

Did Survivors Disclose, and When?

With regard to the timing of their disclosures, almost half of the survivors did not disclose purposefully during childhood. Ten of the 30 survivors did not disclose during childhood with respect to any abuse that they had experienced as a survivor. Four additional survivors described their abuse being uncovered through accidental disclosures during childhood only. One additional survivor described only a partial/hinting disclosure during childhood. All but one of the survivors indicated that they had purposely disclosed by adulthood, and this survivor appears to have disclosed to her partner and therapist from comments that were made elsewhere in the interview.

To Whom did Survivors Disclose?

The survivors chose various confidants for their disclosures. When the identities of the confidant for the first disclosure made by the survivors were examined, the following findings emerged. Of the 14 survivors who disclosed during childhood, eight (8) had first disclosed to their mother. In addition, the one partial/hinting disclosure was also made to the survivor's mother. Out of the remaining seven: one (1)survivor made disclosures to both her mother and father regarding different perpetrators during the same time period; one (1) survivor first disclosed to her father and grandmother; one (1) survivor first disclosed to her great aunt; one (1) survivor first disclosed to her friend and her sister; one (1) survivor first disclosed to her friend; one (1) survivor first disclosed to the staff at the school/institution to which she had been sent; and finally, one (1) survivor first disclosed to her co-workers at camp.

With regard to the four survivors who experienced accidental disclosures during childhood, in two of the cases the survivors' father had been informed of the abuse. In the third case the survivor's mother had become aware of the abuse. In the final case, the perpetrator's mother uncovered the abuse.

For those survivors whose first purposeful disclosure did not occur until adulthood (including those who experienced only accidental disclosures during childhood) the following pattern in choice of first confidant was found: seven (7) survivors first told a partner/spouse; one (1) survivor first told a friend; one (1) survivor first told her sister and cousins; one (1)survivor first told the police; one (1) survivor first told a neighbour; and one (1) survivor first told her employer. The confidants of the first disclosures for the remaining two confidants could not be identified. However these survivors describe their partner/spouse and therapist as knowing about the abuse.

When examining the identities of all the people with whom the survivors indicated that they had shared their story sometime during their childhood, it was found that: 12 of the 30 survivors had disclosed to their mother; three (3) had disclosed to their father; one (1) had disclosed to a sibling; three (3) had disclosed to an extended family member; three (3) had disclosed to a friend; and four (4) had disclosed to a professional/leader (teacher, guidance counsellor, staff at school/institution). As indicated earlier, it is likely that even more people, especially siblings, may have been aware of the abuse, though no specific reactions or disclosure experiences were described by the survivors.

With respect to the survivors' choice of confidants as adults: sixteen (16) of the survivors indicated that they had talked about the abuse with one or more therapists; fifteen (15) had disclosed to a partner/spouse; five (5) had disclosed to their mother; four (4) had disclosed to their father; eight (8) had disclosed to their sibling(s); three (3) had disclosed to an extended family member; five (5) had disclosed to a friend; four (4) had disclosed to someone in a professional capacity (i.e., police, minister, distress line, hospital staff); and seven (7) had disclosed to individuals in the "other" confidant category (i.e., neighbour, a professor, employer, son's girlfriend, school board). Many of the survivors described themselves as being "open" about the abuse as adults, sharing with friends and others as they deemed appropriate.

Confidant Reactions to Disclosure

As outlined in the data analysis section, the transcripts were read first of all to get an overview of what the survivors had to say about their disclosure experiences. Following the "clustering" technique outlined by Miles and Huberman (1984), the transcripts were then read and reread in order to identify the salient elements of the survivor's disclosure experiences and common themes identified. The overall subjective impression that emerged from these readings was that confidants responded in ways that embraced the survivor and her experience in some way or proceeded to withdraw from her and her experience. Extremely few of the survivors described receiving a reaction that embraced them and their experience or needs, leaving them feeling supported and affirmed. In fact, most of the survivors described perceiving the confidants as distancing themselves from the survivor and/or her experience.

One survivor describes this withdrawal from engagment with her around the abuse she experienced as she talks about her husband's reaction to her disclosure. The topic is just "dropped right away" instead of being "pursued". Any joint processing of the abuse experience with the survior is averted by the lack of further interaction between the survivor and her husband surrounding what she has disclosed to him.

> *When I was first married, I remember telling my husband, but it was dropped right away. It was never pursued. (1-008; adult; husband; brother? --others?; full?)*[1].

Another survivor described how the lack of response that she received to her disclosure prevented her from being able to make her experience "real". Again the lack of

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[1]For each quotation, the following information with respect to the survivor and her experience is provided: interview number, survivor's age at the time of the interview, whether the disclosure was made as a child or adult (and the age, if given), confidant(s) of the disclosure, the perpetrator(s) about whom the disclosure was made, and the nature of the disclosure (partial, full, accidental). Unless the survivor has indicated that salient information was purposely withheld, disclosures were assumed to be intended as full disclosures on the part of the survivor.

connection and engagement on the part of the survivor's confidant has impeded the survivor's processing of her experience.

> *(Survivor:) I said to her, "Mom, I don't like it when XXX (brother) puts his thing in my face. And she said, "what are you talking about?" So I told her, "Well, he (brother) puts his, " –"thing" was what we called it–"inside of mine, and I don't like it." And she said –I don't remember any reaction, any emotion...anything. And that's why I couldn't make it real was there was no real response. (Interviewer:) That's weird. (Survivor:) Like, I don't remember being saved, or any: "Oh, you poor little thing." Nothing. I don't remember anything like that. [1-008, child (6/7) -and ongoing into adulthood, mother, brother, full]*

In the course of analysing the survivor's descriptions of the reactions that they received to their disclosures, five dimensions or conceptual "clusters" were identfied. These five dimensions that emerged were: belief, empathy, blame, protective action and assistance, and stigmatization/normalization.

Description of Dimensions

Belief

This dimension reflects the survivor's perception of a confidant's cognitive reaction to the disclosure. Confidant reactions along this dimension ranged from disbelief, through denial, to belief.

Disbelief. Disbelief refers to reactions in which the survivors described confidants as evidencing a lack of conviction that the survivor has been abused. As such, the survivors perceived their reports as being actively appraised as false by the confidants.

One survivor described being outrightly labelled as a liar by her confidant, thus informing her in no uncertain terms that her disclosure was not believed.

> *(Interviewer:) When did you finally tell somebody? (Survivor:) After I left home. But the first person I told [about my dad abusing me] --she said I was a liar and that she didn't believe me. (Interviewer:) Who did you tell? (Survivor:) A neighbour --because she lived close to us and I thought I could trust her. And she told my dad that I told [1-010, 49, adult (18), neighbour, father, full].*

Other survivors actively labelled their confidant(s)' reaction(s) as consisting of disbelief as this survivor does in describing the reaction of her best friend.

> *... I told my friend, my best friend... I had a sister who is a year younger and one who is 18 months older --and the girl used to live next door. And the four of us are together and we are talking about this. And, uh, I'm not sure who tells but somebody does... Her (best friend's) reaction was disbelief --and I think she told her mother. And there was hell to pay, you know. (Interviewer:) What happened? (Survivor:) I don't think it was me who told. I think somebody got beat up. I think it was me who got beat. [1-012, child (10/11), best friend; father, accidental]*

Another survivor also states that "most of them don't believe me" in talking about her relationship with various family members and her healing since disclosing the abuse.

> *...It's been a little over two years since I've been seeing a psychologist, but it's just the last year I've really started to openly let things go and that I have said it out loud --or said it to anyone other than myself. And even within the family... most of them don't believe me. [1-016; adult; family members; father, uncle?; full]*

This survivor describes a situation in which the perpetrator goes to her father and accuses her of initiating the encounter, and her father believes the perpetrator instead of the survivor.

> *(Interviewer:) Was there anybody else besides your father? (Survivor:) Well, this guy that I used to baby-sit for --that went to the same church as us- well, he just kissed me. But he told my dad that I kissed him, and I got severely beaten for it. And to this day I can't stand that man... But I think he (perpetrator) told my dad because he thought I might tell. So to save his own skin --he thought my dad would probably believe him before he would believe me, which my dad did. Then I wasn't allowed to babysit for a long time after that. (Interviewer:) He (dad) believed you then? (Survivor:) No, my dad believed the other man. (1-010, child, father, man babysat for, accidental)*

Disbelief could also be implicitly conveyed by a reaction in which the confidant disputes or gainsays what the survivor has disclosed to them. By levying such a challenge

to the accuracy or truthfulness of the report, the confidant implicitly or explicitly reveals a lack of credulity in what the survivor has shared. This is illustrated in the following quote, where the survivor recounts that her mother responded to her disclosure by maintaining that "her dad would never do that."

> *When I was 14...and my grandfather, he touched me, and he touched my breasts, and kissed me long, and asked me how I liked to make love on the couch. I told my mom then. She said her dad would never do that ... I didn't want to be left alone with him anymore, and I told my mom that day, "Don't leave me alone. Don't blame me." She told me not to be silly. (1-004, child -14, mother, grandfather, full)*

Denial. Denial is similar to disbelief in that it also refers to an apparent unwillingness on the part of the confidant to accept and maintain the survivor's report of being abused. However, denial differs in that with denial the survivor's report is apparently set aside so that the truth of it will not have to be acknowledged by the confidant, rather than necessarily being expressly disbelieved.

This survivor actively states that her mother has reacted by denying the abuse. The survivor also describes the use of euphemistic phases during her childhood which alluded to the abuse that was occurring without outrightly acknowledging it.

> *(Interviewer:) And did you ever tell anybody? (Survivor:) Um, we (brothers and sisters) talked a bit to each other. My mother even --she denies it today, totally. But my mother -- the way it was put in our house was, um: "what's your father been doing to you, or " what's your father...," or, you know, "what your father does to you," or --that's the kind of term or phrase that was used. We all knew what it meant.*

(Interviewer:) So your mother knew? (Survivor:) She knew. Yeah. Well --and my sister and I faced her one time, and we were telling her what he was doing, but she... My sister was the talker. I stood beside her and supported her. And then my father came in, in the middle of it, and heard enough. And he just beat my sister in front of my mother, and she just let it happen. (1-002, childhood (7/8) --ongoing into adulthood, mother, father, accidental/full?)

Another survivor also labelled the reaction that she received from her siblings to her disclosure as consisting of their denial. This survivor then went on to elaborate that the reason for her sister's denial was grounded in the fact that acknowledging that the survivor had been abused would force the sister to confront the likelihood that she had been abused as well. In order to protect herself from this threat inherent in acknowledging her sister's abuse, the sister enters a state of denial, both of her own abuse and that of the survivor.

It's been therapeutic though, just being able to --you know, to talk. Like, no one would listen to me for a long time. You know, if my sisters or brothers – if I talked to them about it to them and said, "He did that," --you know, "He DID it, and you have to remember, " --because they deny it. <u>They deny it and deny it.</u> And then, finally, when one of my sisters says to me --and this I thought was so weird-- she says, "You know, if I believe what you are saying, then I would have to say that it probably happened to me."... And then I realized that she was closing the door on things she couldn't deal

with and that was her denial (1-020, adult, brothers and sisters, father, full).

Another survivor describes a process whereby her confidantes (mother and sister) are perceived to be finding ways to discredit her disclosure by only accepting a piece of it, or by reinterpreting it --thus imposing a validity that is more readily acceptable to them upon it. She also describes her confidantes as "trying to find ways to make (her) look a little bit crazy", thus allowing them to call into question the reliability of her perceptions and consequently discredit her disclosure.

She (sister)... thinks that it could have happened ,but she doesn't see how it could have been my father --because she tried to make all these rationalizations about how could that possibly happen --like, how could he do it without them noticing... And just because it wasn't easy for them (mother and sister) to notice --plus, now I've realized that after time has gone on a bit that they really don't want to know either, and that they are hoping against hope that it wasn't him. They are trying to find reasons why it couldn't have been (him)and they are trying to find ways to make look a little bit crazy so that it won't have to be real , but they haven't been nasty. But, on the other hand, they are sort of --like, my mother has gone back to denying it really, I think... (1-014, adult, mother and sister, father, full).

An occurrence that was described by several survivors is the later denial or "forgetting" on the part of the confidant when the topic of the survivor's abuse is subsequently discussed or alluded to again. Though the survivors have perceived the

confidants as initially demonstrating an acceptance of the truth of the disclosure either implicitly or explicitly, at some subsequent point the confidants say or do something that causes themselves to no longer be perceived as affirming the truth of the disclosure, but rather denying it instead.

For example, a survivor described her mother as responding in a way that suggested that the survivor was alluding to a novel topic in their discussion instead of one that the survivor had addressed with her before. The mother appears to have blocked the survivor's previous disclosure from her consciousness.

> *(Interviewer:) ...Did you tell anyone? (Survivor:) Not until I was 14... (S)he (mother)completely blocked it out. I mean, I reminded my mother, maybe a couple of years ago, in passing. And she said, "What do you mean?" So she totally repressed it too ...(S)he must have been more upset than she let on at the time, because she did not remember anything until two years ago. So that would have been 14 years later that she actually remembered. (1-009, child (14) --ongoing into adulthood, mother, uncle, full)*

Another survivor also described a similar experience with her (now) ex-husband, to whom she also had disclosed previously.

> *...I remember sitting on the doorstep, and I told him (husband)why I was going back and see XXX (the marriage counsellor)... I told him , "It's time to deal with this sexual abuse." ...(M)y (husband) asked me, "Why? Why? What's the skeleton in your closet?" ...And I said, "But I told you about this when we were first married." And he didn't*

remember (laughs). That was weird. [1-008, adult, (ex) husband, brother(s)?, full]

Another survivor describes an experience where the perpetrator has validated the disclosure by admitting to having committed the abuse. However, her mother claims not to remember what she has been told with regard to the abuse that her daughter experienced. The survivor identifies this "forgetting" as her mother's denial.

Mom says that she does not remember anything. And yet, my brother --the abuser-- said that I told mom and dad and that's when it stopped really...and then when I approached my mom, she doesn't remember me ever telling her. She doesn't remember it ever being an issue with the social workers or with the people --the psychiatrists and what not that they worked with (regarding brother's breakdown)... And she (mother), to this day, denies it... [1-008; child (6/7) - -and ongoing into adulthood, mother, brother, full].

Belief. Belief refers to reactions in which survivors described an implicit or explicit affirmation of the confidant's conviction of the truthfulness and accuracy of the survivor's report. In the following quotes, both of the survivors have labelled the reactions that they received as being one of belief on the part of the confidant(s).

When I went to counselling at the Sexual Assault Centre ... I saw a counsellor ...and I thought, she is just the greatest. Like, I have not seen anybody before this. And I thought, first of all, she is a woman, so I can trust her. Second of all, she seems to agree with me and she seems to believe me,

so I think we are going a long ways. (1-010, 49, counsellor, dad?, full)

(and)

I have two sisters that believe that this happened, and I have one --my oldest sister-- who feels that it didn't happen. And my three brothers just aren't talking about it. They both admitted to abusing my sister, but we are just not talking like we used to. [1-004, adult?, family members (sisters are co-survivors), ? (brothers, father?, grandfather?), full]

Empathy

This dimension reflects the survivor's perception of a confidant's emotional reaction to the disclosure. Reactions ranged from being highly non-empathic to being highly empathic in nature. Non-empathic reactions refer to those reactions in which a profound lack of sharing, understanding, and affirmation of survivors' thoughts, feelings, and emotional needs with regard to their abuse experience was demonstrated by confidant. In contrast, empathic reactions refer to those reactions in which a significant effort to share and understand survivors' experience from their point of view, as well as respect for their thoughts and feelings, were demonstrated by confidants.

Sometimes the disclosure resulted in the failure for the an empathic "bridge" to be established between the survivor and the confidant. For example, One survivor describes the lack of feeling "understood" and that someone was "there with (her)" that she experienced following her disclosure to the counsellor. The survivor describes the counsellor as failing to demonstrate an ability to share and comprehend the survivor's

perspective with regard to her thoughts and feelings when the survivor sought out counselling for the depression she was experiencing as a result of the abuse.

> *Well, the first person I'd seen (for counselling), um, I didn't find that --I didn't get a feeling from her (counsellor) that she was there with me, that she was understanding, that sort of thing. (1-001, adult, counsellor, brother, ?)*

This same survivor also described her husband as responding in a very casual manner and not pursuing the disclosure that she had made to him. From the context of the whole interview, it appears that the survivor may have purposely couched her disclosure in terms that minimized the actual trauma she was experiencing with regard to the abuse so as to make the disclosure as non-threatening as possible to her husband. In any case, the husband does not attempt to elicit further information from the survivor with regard to the abuse in order to understand what it was like for her.

> *The way I presented it to him (husband), was that it wasn't anything to him, and sort of just --that it wasn't a serious thing and that sort of thing, and he never really said anything to me. (1-001, adult, husband, brother, full?)*

Other survivors described reactions in which the confidants minimized what the survivor had experienced. For example, this survivor described how the trauma that she had experienced as a result of being abused was minimized by her confidants:

> *(Survivor:)You know, I tried at various times to talk to people. And I told them about what had happened, but nobody took it to be anything of any great --you know, like that it...any great value. You know, as far as they were concerned, what had happened to me hadn't been anything*

that should really upset or shock my life. (1-020, adult, various people, father, partial)

Another survivor described an instance where her mother sent her a poem that eloquently conveys her mother's attitude. The words "dwell on petty things" suggest both: 1) that the survivor has attached greater significance to her experience than its warranted, and 2) that the survivor should not continue to focus on the abuse and it implications for but rather "put it in the past".

(Survivor:)...*But my mom makes it very adamant that --you know, "Why can't you forgive and forget? You are going to let him go to his grave holding this over him"...(later)And she (mother) has, thus far, made out that nothing has happened. She sent me --she always sends me these newspaper clippings from home... And she sent me that with a poem from the WI (periodical): "We shall not let --Oh Lord, let us not dwell on petty things (laughs). (1-008, childhood -- ongoing into adulthood, mother, brother, full)*

The confidant could also display a lack of sensitivity and respect for a survivor's personal boundaries. One survivor described how her ex-husband reacted to her disclosure by seeking to satisfy his voyeuristic curiosity instead of demonstrating concern and respect for her needs and feelings . She ends up feeling that she has become an object to gratify his desires, and thus is victimized again as a result of her disclosure.

...I think I disclosed the abuse and my ex ... instead of being supportive --like how (my current husband) is-- he (ex-husband) said, "Well, what exactly happened? And I said, "Well ,I don't really want to talk about it." And he says, "I

know, but did they actually DO it? What did he...?" you know. And I just --like: get out of my face. And there was no trust there. And, to him, it was this dirty, smutty book he was reading. It wasn't --it took none --which he's infamous for having no feelings. And he doesn't know how to. But , uh, that's cool. But that's how he handled it, and, therefore, I quit dealing with it right then and there. I didn't have the support at home [1-008, adult, (ex) husband, brother(s)?, full].

Confidant reactions could have different objects of focus: the survivor, the perpetrator or the confidant himself or herself, etc. As empathy is the ability of the confidant to vicariously experience, and consequently understand and appreciate, the survivor's subjective affective and cognitive state, when the confidant's focus and energy is directed away from the survivor, empathy must necessarily be impeded.

For example, one survivor described being bombarded with the anger her parents were experiencing with regard to the abuse, which served to preclude her from feeling "supported" by them. Their focus was oriented towards their own thoughts and feelings, instead of on seeking an empathic understanding of their daughter's.

My parents came for a visit [to see her at the camp] and I told them [about the abuse by the adult male babysitter]. I told my mother. It wasn't very supportive. And they both got very angry ,and my mother said later that my father wanted to kill this guy. But my feeling at the time was that they were angry at me. All I experienced was a kind of anger. There was no "What can we do?" or --I think they

didn't know how to handle it or what to do about it either. (49, childhood (~16), parents, male neighbour/baby-sitter, full)

One survivor, instead of receiving emotional support, was confronted with the nervous breakdown of her mother in reaction to her disclosure instead.

(Interviewer:) In regards to the incident with your father when you were 16, your sister told your mom. What happened when your sister told your mom? (Survivor:) My mother promptly went into shock. If anything could be described as a nervous breakdown, she had it. Her very wise doctor, who probably knew exactly what was going on, and why, without her ever having to say anything --and she probably didn't-- sedated her. And she stayed sedated for two weeks And then she talked to my father about divorce, because it wasn't the only thing that was happening with him at that time... (1-015, child, mother, father, accidental -- sister tells)

Another survivor experienced a similar reaction when she tried to talk to the school disciplinarian about the problems that she was experiencing at home in general.

...And I spoke to Mrs. XXX, who was the girl's disciplinarian ... when I was in tenth grade....Mrs, XXX (school disciplinarian) cried. She cried ... and I didn't know how to deal with it. I didn't know, you know, how to deal with it. I didn't know, you know, how to deal with her just having cried

'cause, you know, of what I had told her. (1-020, child, school disciplinarian, father, partial)

An example of a neutral reaction with regard to empathy, in which some concern for the survivor is expressed but her emotional needs are not met, is provided in the following quote. The survivor describes her parents as pursuing what avenues of redress and ways to help her that they perceived as being open to them, but that there was little attempt on their part to understand the details of her experience, and thus share in it.

> *(Interviewer:) So the doctors told your parents? How did they react to that? (Survivor:)They [parents] were really upset. And the doctors told my dad that he should go to a lawyer and see if anything could be done at this late stage of the game. And I think that I remember my dad went to his lawyer and asked him questions and somehow determined that it was too late. It was too long after the fact. You know, because as far as they were concerned it was finished. They never really knew times, dates, and places and stuff, you know, so I really think they thought it was over. Well, my mom probably thought, as soon as the French lessons were over that it was over, I bet you. (2-002, 47, adult (~19/20), parents, uncle/tutor, full?)*

This survivor also described a fairly neutral reaction from her husband to her disclosure. Her husband allows the survivor to share what she wishes. As she reveals that she was unsure as to whether her husband believed her, it appears that there was an element of humouring her in her response.

I guess he [husband] didn't know whether to believe me or not. He just sort of let me come out with it and he was understanding about it and supportive. He did suggest that I should go get counselling to resolve all the feelings that I had about it, but I never did. (3-002,39, adult, husband, grandfather, full)

Other survivors described receiving reactions in which they perceived the confidant as demonstrating concern and respect for the thoughts and feeling that the survivor is attempting to share.

One survivor described her experience of being responded to in such a way by the counsellor that a relationship of trust, in which she feels comfortable talking and sharing about her experience, is established.

The counsellor I'm seeing right now, I really like her. It's taken me a few months to find somebody that I could really talk to ... And I really trust her. She has gone out of her way to make it easy for me to trust her and everything, which I find great. (1-014, 42, adult, counsellor, father, full)

The following two quotes illustrate this dimension of empathy, as each survivors describes her husband as being responsive to her need to share her thoughts and feelings with another --and to receive emotional support and sensitivity to her needs in return.

My husband knew before we got married. I had a very difficult time with relationships. Well, I didn't have a relationship. My husband was the first person in my life actually... And I had a great fear --a terrible fear of sex of

any type, or going beyond, even to be kissed or anything. My husband knew about it before we were married...(Interviewer:) And what was his reaction? (Survivor:) He was very considerate. The first years of our marriage were very good. Very understanding. He never pushed me. We read a lot together. He was very considerate. And as a matter of fact, I have to give him credit, it was through him that I did react and finally come to a normal sex life and a normal reaction. (1-016; adult; husband (ex); father, uncle?, full)

(and)

But when I was dating XXX, who is now my husband, it (sex) was a lot different, because he was never forceful, and it was more like I was willing at that time. Then after about two or three months of dating, I started going to court for XXX's (father/perpetrator) --my dad's sentencing, and that's when I told him [then boyfriend, now husband]. I think we had been together for two or three months. I've got to tell him what I'm going through and what happened to me because it was, like, love at first sight. I really got hooked on him. And I figured, if I'm going to lose him, it's got to be now, not later down the road.

So I told him [then boyfriend/now husband], and he cried --because he is from [another country] and he has

never heard anything like that. He supported me. I was going to counselling at that time, but I found it wasn't doing me any good. I found out it was bringing out more that I didn't remember, and I felt hard to understand and talk about it. So I started talking to [then boyfriend, now husband] and he would listen to me, even if I said the same thing over and over every time. He would allow me to talk, just to get it off my chest... He never makes me do anything I don't want to do and he really respects what I've gone through and helps me out quite a bit. [1-011; adult, boyfriend (husband); father, (brothers–forced by father); full).

This survivor described receiving emotional support from a counsellor that she and her children were seeing for other reasons. The survivor further describes the counsellor as being a survivor as well, indicating that she has experienced the counsellor as being able to share a common frame of reference.

And [counsellor] and I got really close in the process. And , as a result, when I started blurping out some of this other stuff. She has been really, really awesome as far as the support with –and a survivor herself, which, you know? (1-008, adult, counsellor, brothers, full?)

Blame

This dimension reflects the survivor's perception of a confidant's evaluative reaction to the disclosure. Essentially, blame comprises the component of the confidant's reaction which is related to any attributions of fault or responsibility to the survivor. Confidant reactions ranged from actively blaming to actively not blaming the survivor. An

examination of the data suggests that the survivors experienced blame being attributed to them in two major ways. First, the survivors experienced responsibility for the actual perpetration of the abuse being attributed to them by the confidant. Second, the survivors experienced responsibility for distress or other negative sequelae experienced as a result of the disclosure being attributed to them by the confidant.

One survivor described her husband as responding in a way that she identified as blaming her. Specifically, he is described as attributing responsibility for the abuse she experienced to her having " come on" to the perpetrators. The message that she received from him is that responsibility for the abuse rests with her as she seduced the perpetrators, thereby precipitating the abuse.

> *(Interviewer:) You mention that you told your husband at one point. How old would you have been at that point? (Survivor:) I think I was married when I was 22. So, I don't know, probably 24 --because It seemed like he held that against me for quite a few arguments. (Interviewer:) So he reacted quite negatively to it? (Survivor:) He [(ex)husband] was kind of chauvinistic and so I think that --it was kind of like: when he was really mad at me, he would say, "If you wouldn't have done that,..." or, "If you wouldn't have come on,..." or whatever, "they [abusers] never would have done that to you." It was like he was blaming me ,and I blamed me enough. I'm not so sure that I still don't blame me. [2-002, 47, adult (~24), (ex) husband, dad's cousin and uncles?, full)*

Another survivor describes experiencing the anger of her family being directed against her in response to the disruption (fallout) resulting from the disclosure.

(Interviewer:) So you are really trying to realign your boundaries then with your family? (Survivor:) Yes, because I don't even know --it's so unknown because there is so much... Well, there is the denial, but there is so much... Everybody is fake. You don't know if they are real or not. I don't want to go there under false pretense. I want it up front. If [family members] can't stand me for what I did, [I would prefer that they] get [their] anger out. Like, I would rather know that [they] were pissed off at me for bringing all this up --because that seems to be the consensus: "Look what you did, " you know? (1-008; child -mother; adult family members, older brother, full)

In some of the descriptions of reactions provided by the survivors, it was unclear as to which particular dimension of blame was in operation, or whether both were. It is likely that, in many instances, the survivors themselves may not have known, specifically, for what they were being blamed.

For example, one survivor described being strapped by her father upon his finding out about the abuse. Punishment is carried out upon someone to whom blame has been attributed. However, the survivor states that it was not revealed why she was being punished.

We [sister and survivor] talked about it [being abused by uncle]. The result was my father finding out. My father strapped both of us and I could never understand --without any explanation -- why I had received this strapping. (1-015, 59, father, uncle, acc-disc --sister tells dad)

In contrast, other survivors described receiving reactions in which they are specifically told that they are not responsible for the abuse that they experienced. One survivor described how her friend responded to her musings as to why the abuse was perpetrated against her by telling her that the abuse "had nothing to do with her." This is a very different message than that which she has received from her husband.

> (Survivor:) *I was talking to a friend last night [telling her that my husband blames me for the abuse]. And she had gone through a lot of sexual abuse and so on, and I said, "So what happened? Did I have a message on my head? Like screw me or what?" And she said, "No. It had nothing to with you." (Interviewer:) No, it doesn't. (Survivor:) Because she has gone for help and stuff. (2-002,47, adult, friend, uncles and dad's cousin?, full)*

Another survivor describes a similar experience in the reaction that she received from her (now) husband. He is described as "not judging her", but rather accepting her and telling her that the abuse was not her fault.

> *And then I found that once I started dating [then boyfriend/now husband] and when I explained what I had gone through –and I figured, if you want to leave, you have to leave now– and he said: no, he would stay. He wanted to help me through this. So I figured, wow, I finally have somebody I can be with and who cares for me and is willing to listen to me. I found it was really great. (Interviewer:) I bet. (Survivor:) And it wasn't really a stranger I was talking to, so I found it a lot more relieving. He didn't really judge*

me. He accepted me, because he always told me it wasn't my fault --and there were times I always thought it was my fault --I must have done something. But then him just listening was just great.[1-011; 35; adult; boyfriend/husband; father, (brothers --who were forced by father); full]

Protection and Assistance

This dimension reflects the survivor's perception of a confidant's behavioural reaction, or lack thereof, to the disclosure. Reactions ranged from not providing any protective action and assistance to the survivor to engaging in efforts to provide protection and assistance to the survivor. Upon learning of the abuse, confidants may not have taken action to safeguard the survivor's wellbeing and safety, or may even have engaged in behaviours that jeopardize them. Other confidants engaged in various behaviours aimed at promoting or safeguarding the survivor's wellbeing following disclosure: taking steps to protect the survivor from further abuse or helping the survivor to access counselling or a support group, for example.

This survivor described an experience of escaping to her great aunt's following an incident of abuse. However, the survivor is forced to return home instead of being provided with shelter and/or some effort at shielding from the abusive situation in which she had found herself being undertaken.

(Survivor:)...So I went down to my great aunt's. She lived about a block and a half away. And I stayed there for a while, but she told me she couldn't keep me because --well, she had someone living there. My second cousin lived with her and she really didn't have room for me. Plus I guess she didn't want to put my father out.... (Interviewer:)...Did

you tell your aunt ... what happened? (Survivor:) I can't remember what I told her. I think I told her that he (father) touched me –he touched my breast. (Interviewer:) How did she react? (Survivor:) Well she was quite old. She was in her 70's, and she wasn't that well. She just –I think she was just sad. I don't think she thought that there was any recourse for what was happening to me. (1-020, child –12, great aunt, father, full)

Another survivor described how the teachers would "turn their backs" and allow the abuse she experienced at the hand of the boys at school to go unchecked.

.....I was repeatedly physically abused by the boys in my class. I think that damages me more than what my uncle did to me. So that –and I would come home with bruises on my breasts; so that's physical abuse. They would –just monkeys, you know. I still harbour a lot of resentment. And the fact that the teachers at the time would actually turn their backs. I mean, that's sort of your authority figure shrugging their shoulders and ignoring the incident because it was too uncomfortable. So that probably damaged –that's probably why I had to seek therapy eventually. (1-009, child, teachers, boys at school, accidental)

The desire to receive protection from further abuse is illustrated in the following quote in which a survivor has described the anger and betrayal that she felt upon discovering that her parents were aware of the abuse that she had being subjected to and yet had taken no action to prevent her from being subjected to further abuse.

My sister and I started talking about it and then I found out she was abused and she found out that I was abused [by our grandfather] ... And we did discuss it with my mother and eventually I did with my dad. Then I found out that they knew all along what was going on even while it was happening and they would still put me in that situation where I was alone with him. And I feel very angry towards both of them. I still feel a lot of anger. It's like, "How can you do that?" you know. (39, intra, sing-a, mult-o, full)

Another survivor described a situation in which her mother was aware of the abuse that the survivor was experiencing, yet took no action to shield the survivor, but rather actively exposed her to further abuse.

And he (father) started fondling me, and doing whatever. And gradually it worked up to intercourse, where we would go --we would go for drives down dirt roads, and he would park and stuff. And it was quite scary. And if I didn't want to go, he would ask my mom. And she would say, "No, take XXX (survivor)." And knowing what was happening, I was, like, fed to the wolves.

It was kind of bad, because I had no privacy. Even if I showered or something, he would come in the bathroom and go in the shower. There was no privacy at all. It was quite scary. And even to now I lock the bathroom doors before... I even did that that time, but he always managed to get in. And my mom didn't do anything. She knew about

it, and she just kind of turned her back. Even if she is in the same bed, she just turned her back and let it happen. To this day she denies knowing anything. So she is just trying to cover her tracks, I guess. (1-011, childhood, going into adulthood, mother, father, accidental -mother aware of abuse)

This survivor described the confidant as reacting by stating that she had had prior suspicions. However there had been no action undertaken on the part of the confidant to follow up these suspicions.

(Interviewer:) ...Did you tell anyone? (Survivor:) Not until I was 14 –because when I was 14 I began to understand what men and women did with one another and I realized that what he (uncle)did with me wasn't natural. So I told my mom then... (S)he said, "I sort of wondered if something was going on." So there must have been clues –like, maybe I was quiet after, or whatever. But it must have buzzed in her brain a bit. (1-009, child (14) –ongoing into adulthood, mother, uncle, full)

In contrast, other survivors reported that the confidant did undertake some action to protect them from being further subjected to abuse. For example, one survivor described how her mother fired the baby-sitter upon learning of the abuse.

(Interviewer:) ...Okay, you said you told your mom about that one. And how old would you have been, around five as well? (Survivor:) Yes. Like, it probably lasted about six months or so -or something like that. But for a while.

(Interviewer:) What was her reaction? (Survivor:) I think she was shocked, but then she fired him [baby-sitter] and we never saw him again. But, I don't know what happened. Like, I think she just didn't want to deal with it so she just kind of blew it over. [2-003, 23, child (~5), mother, baby-sitter, full]

However, it is interesting to note that in the statement that her mother "just kind of blew it over" the survivor conveys the impression that she perceived the protective action to have been undertaken in order to enable her mother to abscond from further engagement with the survivor around her abuse experience. In this instance the action undertaken appears to have been very perfunctory, and undertaken as much for the confidant's sake as for that of the survivor. In fact, the behaviour appears to have as its end making the abuse "go away" as if the confidant would like to deny that it happened or the seriousness of its implications. Upon completion of this course of action, the confidant is perceived as viewing the matter as closed. However the statements: "I don't know what happened," and "...she just kind of blew it over," reveal that the survivor lacked a similar sense of closure as well as a feeling of involvement and control over how the abuse was to be dealt with.

Another survivor also described the firing of her abuser following her disclosure.

I don't ever remember what happened after that [the abuse] except that when I went back --or when I was with my mom in the kitchen --she used to set me on the cupboards to clean me up to get ready for bed. And I must have told her something. I don't actually remember what I told her. Just that I know after that there was a lot of confusion. This guy got fired. My parents never charged him or anything --just

not that I know of , because it was always kind of hush, hush, because my parents didn't talk about sex and things. They were kind of old fashioned. So I just know that afterwards no-one ever mentioned this man's name again for years and years.

(Later in interview) (Interviewer:) When you told your mom when you were four or five, can you remember how she reacted? (Survivor:) Not really. I have in my mind's eye. I just see her setting me on the cupboard or whatever she used to set me on. But then after that I don't know what happened other than it was "whisper, whisper, whisper". I don't know what I would have told her, but I probably said that --"Did you know that XXX (hired hand) had his pants down and that thing swinging in my face. I don't know. It would be interesting, because --at some time to actually find out what I did say, because, of course, I would never ask her. [2-002,47, child (~5), mother, hired hand, full]

Another survivor described her father's offer to come down to the school and intercede on her behalf when she was being molested by her schoolmates. The use of the word "once" along with the lack of any further description of any action undertaken by her father suggests that her father's protective action was token in nature.

I was 13 or 14. I told my dad, and he once said, "Do you want me to come down to the school?" And I said, "No." I thought I would try to handle it in my own way. And at that time, handling it meant: not. I mean, you are sort of in a

catch 22 in junior high school. If you make an example of them publicly, then you are in more trouble than you know what for. [1-009, child (13/14), father, junior high school boys, full]

Another survivor described how she has been given various materials on the subject of abuse by a co-worker which have help her in her healing.

(Interviewer:) Okay. Any friends that maybe helped you in healing? Or partners? Or children? (Survivor:) Well, I think that this year I've come furthest with it, because of the secretary at work --because her and I talk about it, and she gives me books to read, and tapes to listen to and stuff. And I can honestly --like, that's why I dedicated that poem to her --because I think she gets me to get it out, in ways I wouldn't even think to do it. If you asked me two years ago to write a poem, I couldn't write two words that rhymed.(1-010, 49, adult, co-worker, father, full)

Stigmatization/Normalization

This dimension reflects the survivor's perception of a confidant's social reaction to the disclosure. Reactions ranged from stigmatizing to normalizing. A stigmatizing reaction refers to a reaction in which the confidant responded to the survivor in a way that labelled her or otherwise indicated that she was somehow deviant or deficient as a result of her experience. In contrast, a normalizing reaction referred to a reaction in which the confidant indicated that the survivor was not viewed as different or singled out as being deviant in some way, or even made a reciprocal disclosure of abuse, indicating a shared commonality of experience.

One survivor described the reaction she received to her disclosure in terms of the confidante physically distancing herself from the survivor in the same one would avoid coming into contact with someone afflicted with a contagious illness. The metaphor of illness used by the survivor implies that she perceived herself as being viewed as damaged and unhealthy in someway as a result of her abuse.

> *I remember talking to one –this was a very interesting reaction–I remember talking to a grade school principal. I was telling her about being "incested", and she moved away from me so quickly. It was like I had some dreaded disease. She was really funny. Actually, at first it's not funny because the reaction that you suddenly have (is) to start questioning: why is she reacting so strongly to the word incest, right? (3-001, 53, adult, principal, father -others?, ull)*

Another survivor described the preconceived notions with which her employer labelled her upon receiving her disclosure.

> *(Interviewer:) What was his (employer) reaction? (Survivor:) He was startled. I asked him, ... "What is going through your mind when I told you?" He said, ... "I guess I am thinking you are an ice cold woman and your husband must have his hands full." I said, "That's not true at all. I have never told my husband, and I am not ice cold...not to anyone...(1-013, adult, employer, grandfather, full)*

Yet another survivor described the revulsion experienced by her husband and his desire to withdraw from intimacy with her upon receiving her disclosure.

> *The first time I told him {husband],he just sort of ignored me.*

And the second time, he came home and he found me reading this book about incest –this is a couple of days after it all started– and he said, "What are you reading that for?" So I told him. And he said he thought it was the most disgusting thing he had ever heard in his life. He didn't know if he would ever be able to kiss me again. (1-014, 42, adult, husband, father, full)

An example of a normalizing confidant reaction can be found in the following quotes in which the survivors describe how learning of another's abuse has caused them to realize that they are not alone in their experience:

Anyway, somebody at work camp ... said that her uncle had fondled her breasts or something to her as a child. And I remember the total illumination that meant that I wasn't the only person that this had happened to. Because nobody would talk about sex in our house and nobody had talked about anything, so I was convinced that this was all me. And when it happened to somebody else –I know this is standard, but I really believed that. So it was a great relief, and I told the people there a little bit [about the abuse]. [1-007,49, child (~16), camp co-workers, male neighbour/baby-sitter, full]

(and)

A friend of mine was talking about one of her friends –that her father did it to her– and I was like: holy, I never heard about someone else that happening to. And I started

crying, and I was like: hey, that happened to me too. I didn't go into anything. I just said, "That happened to me too," and that's about all I've ever really said to anyone. [2-003; 23; adult; friend; step-father, partial]

(and)

It is interesting, because one out of two people will say to me, Well, I never told anybody this, but...," and I get a disclosure. So that's like 50% of the people I tell, disclose to me. I have had reactions ranging from, "Oh, it's terrible," to utter disbelief that such a thing could happen. And then people who have had it happen to them come out and tell you, "This has happened to me too." (3-001, 53, adult, various people, father-others?, full)

Overview and Support for Findings

The quotes that have been provided to illustrate these dimensions attempt to give the survivors a voice and provide some degree of context. However, the survivors descriptions of confidant reactions were lifted out of the greater context of the survivor's story of abuse, disclosure, and adjustment.

The first observation of note with regard to the survivors' descriptions of the reactions that they received to their disclosures is that, often, the survivors did not experience a reaction along a single dimension, but rather several simultaneously. For example, in describing the reaction she received from her sisters, this survivor refers to both the dimensions of blame and protection and assistance. The survivor describes how her sisters have not blamed her for the abuse and have expressed regret that the survivor had not been able to find protection from the abuse.

And telling my sisters was my big step --and it's done, you know? And I thought: everybody's going to go, "Oh, it's your fault;" and nobody does and nobody loves me any less. And they're really mad at themselves, because they were the older sisters: why didn't THEY see this happening to me and why didn't they protect me? --which they didn't. Nobody did.

Similarly, several dimensions are addressed by another survivor who describes how her mother has engaged in denial and failed to provide the survivor with empathy/emotional support, nor a sense of being protected.

(Survivor:) I said to her, "Mom, I don't like it when [brother] puts his thing in my face. And she said, "what are you talking about?" So I told her, "Well, he [brother] puts his, " -- "thing" was what we called it-- "inside of mine, and I don't like it." And she said --I don't remember any reaction, any emotion...anything. And that's why I couldn't make it real was there was no real response. (Interviewer:) That's weird. (Survivor:) Like, I don't remember being saved, or any: "Oh, you poor little thing." Nothing. I don't remember anything like that. (Interviewer:) No? That's really strange. (Survivor:) So, like, I don't know how old I was. Mom says that she does not remember anything. And yet, my brother --the abuser-- said that I told mom and dad and that's when it stopped really...and then when I approached my mom, she doesn't remember me ever telling her. She doesn't

remember it ever being an issue with the social workers or with the people --the psychiatrists and what not that they worked with (regarding brother's breakdown)... And she (mother), to this day, denies it... [1-008; child (6/7) --and ongoing into adulthood, mother, brother, full].

These dimensions were also easy to identify. The conceptual underpinnings to the reactions that they received were well articulated by the survivors. There was little ambiguity as to the meaning of the confidants' various reactions. As well, the survivors themselves labelled the reactions themselves by using terms such as blame, belief, denial, etc.

As well, in conducting the analysis, it was also found that the reactions that the survivors described fell readily into these five dimensions. There were very few reactions that could not be classified using one or more of these dimensions, and there was no apparent conceptual clustering underlying odd reactions.

The importance of confidants' reactions to survivors is clear from the impact that negative confidant reactions had on the survivors' willingness to subsequently fully disclose following a partial disclosure, or to disclose subsequent instances of abuse, or to disclose to another person.

For example, this survivor was essentially told by her mother not to criticise her father as she attempted to convey that things were not right. This lack of responsiveness to the survivor's attempt to communicate her concerns and the undercurrent of blame in the mother's reaction likely precluded fuller disclosure to her mother with regard to the abuse, as well as the non disclosure of future incidents that she experienced.

(Survivor:) I never told. Not that I can remember. One time --my mom said she doesn't remember these things. I was crying and I told my mom. (Interviewer:) What age were

you then? (Survivor) I was young. I told her he (father) hurt my bum. She said: if I wasn't a bad girl, daddy wouldn't spank me. (Interviewer:) So she didn't know? (Survivor:) I just didn't know how to tell her the right way (starts to cry). (Interviewer:) Yes. (Survivor:) I don't know if she could have done anything anyway. (1-004, child --4/5, mother, father, partial).

Another survivor also identified the negative, blaming reaction that she received from her first husband as the reason that she has not fully confided in her current partner with regard to her abuse experience.

One time, when I was married, I actually made the mistake of telling my husband because I trusted him. But then every time he was mad at me he would say "What about...?" So that was why I never told my significant other this time. All he knows is that I've been sexually abused. He doesn't know who, or how many times, or whom, or anything, unless I was delirious and told him, but I don't think so. (2-002, 47)

Substantiation for the validity of the dimensions that were identified also can be found in the fact that the survivors have described these dimensions as reasons they had for not disclosing, or identified them as contributing or detracting from their healing. Therefore, the validity for the existence of the dimensions identified is supported by the a priori identification of these dimensions by the survivors themselves.

For example, the following quote, in which one the survivor has described the important contribution that being believed has had with respect to her healing, lends further support to belief as being a salient dimension to confidant reactions.

(Interviewer:) How about with your other family members? How is it? (Survivor:)With my brothers and sisters, the fact that it has come out in the open, that we all talk about it, that nobody says that it couldn't have happened. (1-015).

Further substantiation of this dimension of belief as being a salient one for survivors can be found in the following quote in which one of the survivor reveals that her reluctance to disclose was prompted by her fear that she would not be believed.

(Survivor:) ...He (uncle-tutor/perpetrator) used to tell me all the time to –not to tell my parents because nobody would believe me. By that time I'm sure my self-esteem was zip. I was in the hole as far as self-esteem. So that's what I believed: that there would be no need to tell my parents, because they would never believe me. Who would they believe? An adult, a well respected person in the community... (Interviewer:) That's understandable. (Survivor:) ...or me, the teenager? Everybody knows teenagers have puberty problem and adolescence and hormones, and God knows what else, so why would they believe me?

(Later in interview) (Survivor:) I should have done something. So the thing I should have done, even as a child, was said, "I will tell my mom," or whatever, and done it. And later on you know, in my teens or whatever, I should have said, "Well, I will just tell my mom now. And, yes, she will believe me, because I am her daughter and why

wouldn't she believe me? But that 's easy to say now. Hindsight is always ten times better.(2-002, 47)

Specifically, this survivor describes the hurdle she perceived herself as having to overcome, that of convincing a confidant that a respected member of the community was indeed capable of perpetrating the abuse that she experienced. The survivor indicates that she perceived her credibility as not being likely to be accorded equal weight to the perpetrator's due to his age and status in comparison to her's.

Support for the dimension of blame can also be found in several quotes. For example, one survivor gave as a reason for not disclosing her fear that disclosing would result in her family members "thinking badly of her".

> *And I didn't know how to have very good relationships really with any of my relatives then either because there was always that fear that I would let that [the abuse] fall out and they would think badly of me. But after all, uncle #1 and uncle #2 were really good people, they thought. So there was that tension. (2-002, 47).*

Similarly this survivor described the apprehension that she would be considered to be "at fault" for the abuse should others be made aware of what had occurred.

> *And telling my sisters was my big step --and it's done, you know? And I thought: everybody's going to go, "Oh, it's your fault," and nobody does and nobody loves me any less. And they're really mad at themselves, because they were the older sisters: why didn't THEY see this happening to me and why didn't they protect me? --which they didn't. Nobody did.*

This survivor identified her fear of being stigmatized by others as contributing to her reluctance to disclose.

> *(Interviewer:) ... do you remember how you coped with what he (step-father) was doing as it was occurring? (Survivor:) I just kind of blocked it out. I didn't really, because my next door neighbour --she was supposed to be a friend, but she was really mean... She always said, "You sleep with XXX (step-father). And she was really mean, but she was my friend --but she was one of those mean kids. I just kind of thought, I can't say anything to anyone because they'll think I'm horrible and they will bug me, and so I couldn't say anything. I really didn't think it was that bad. I Like, I didn't think it was a bad thing because it happened to me before. And I never ever heard about anybody ever --it happening to anybody. So I didn't know if it was normal or what and I couldn't talk to anybody. [2-003, 23]*

Further support that survivors identify stigmatization as a salient concern can be found in these quotes from the healing section of the interviews:

> *I don't think that I feel as stigmatized as I did when I was younger because there are so many people that have had a similar experience and you know that information is there and accessible. [1-020]*

Another survivor identifies a component of her healing as having been able to talk about her abuse and consequently finding out that she is not alone in what she has experienced.

> Just by being able to talk about it . And I think I always thought, somewhere in the back of my mind, that I was the only person that this had happened to. And as a result of my 12 Step program too, I've gotten to know quite a few women a lot better, and just about every one of us have been sexually abused. [2-002]

In summary, the results of the data analysis conducted for this study were consistent with the findings of previous studies in that it was found that most of the survivors did not disclose during childhood and that childhood disclosures were made predominantly to mothers and adult disclosures were made predominantly to a spouse or friend. In analysing the survivors' descriptions of the reactions that they received to their disclosures, five dimensions emerged: belief, empathy, blame, protection and assistance, as well as stigmatization/normalization. These findings and their theoretical implications will be discussed in the next chapter.

CHAPTER 6

DISCUSSION

This qualitative study was undertaken with the aim of addressing two limitations in the research done to date. The first was to provide the opportunity for survivors to describe the reaction(s) that they received to their disclosure, in their own voices. The dimensions identified in the results section reflect common themes in the experiences of the survivors who participated in the study. The quotes used to illustrate each of the dimensions that emerged give voice to the women's experiences and provide the personal description that was sought.

The second aim of this study consisted of analysing the survivors' descriptions in order to ascertain whether Carl Roger's self-theory might 2indeed offer promise as a potential theoretical framework to guide research into the eff2ect of confidant reactions to disclosure on survivors' subsequent adjustment. The dimensions that emerged were indeed that; for each cluster of reactions that exhibited common characteristics, a converse cluster of reactions exhibiting opposite characteristics was also identified. The axis along which the contrasting reactions fell in each dimension consisted of the degree of validation or invalidation inherent in the reaction.

Comparison of Findings with Previous Research

Almost all of the survivors experienced ongoing intra-familial abuse and waited until a significant period of time had elapsed before disclosing the abuse to someone. For almost half of the survivors, disclosure was not made until they had reached adulthood. Thus it appears that these survivors were reluctant to disclose for various reasons. It s likely that the experience of many of the survivors in this study is consistent with the profile outlined by Sauzier (1989), in which disclosure is described as being most costly for a child who has been manipulated into longstanding abuse and worries about his or her responsibility for the abuse and/or is highly dependent on or emotionally tied to the

perpetrator. Several of the survivors described how the abuse was a family "secret". Therefore the addition of various family dynamics in the survivors' consideration to disclose may have caused these survivors to anticipate the threat of negative reactions/consequences and thus refrain from disclosing.

The finding that almost half of the survivors had not disclosed purposefully as children is in line with the finding in the study by Roesler and Wind (1994) that only slightly over one third of the survivors in their sample had disclosed before age eighteen. The lack of immediate disclosure evidenced by the survivors in this study is also consistent with the literature indicating that a significant number of children do not disclose their abuse right away (see Deblinger, McLeer, Atkins, Ralphe, & Foa, 1989; Ganzalez, Waterman, Kelly, McCord, &Oliveri, 1993: Sauzier, 1989).

The choice of confidants by the survivors in this study also parallel the findings in the research literature (see Berliner & Conte, 1995; Lamb & Edgar-Smith; Roesler & Wind), with the primary confidant in childhood being the survivors' mother, and the primary confidant in adulthood being the survivors' husband. As adults, most of the survivors in this study had also received counselling for the abuse and/or related problems that they had been experiencing. The reluctance to disclose suggests that disclosure is not a task that is undertaken without some apprehension on the survivor. Therefore, it is likely that survivors choose to confide in someone that is close to them and whom they trust and perceive as being able to help and support them in some way. Similarly, therapists are supposed to provide help to their clients, and thus could be perceived as "safe" people to whom survivors could disclose and receive help in processing their abuse experience. As such, it is crucial that those individuals to whom survivors garner enough courage to disclose respond effectively to survivor's disclosures.

With respect to the dimensions that were identified, belief and disbelief are confidant reactions that have been readily identified in previous research (see Ageton, 1983; Berliner and Conte, 1995; Pierce and Pierce, cited in Sirles and Franke, 1989; Sirles and Franke, 1989; West, cited in McNulty and Wardle, 1994). Overall estimates of the

percentage of survivors reporting confidant reactions of disbelief in these studies ranged from 5-21.8% of their samples. However, this could be even higher for specific groups of survivors. When the effect of age at disclosure on confidant reaction was examined in the study by Sirles and Franke (1989), 36.8% of the survivors who had disclosed as teenagers were met with reactions of disbelief by their mothers. Similarly, when the effect of perpetrator's relationship to survivor on confidant reaction was examined, 54.4% of survivors abused by their step-father or mother's live-in boyfriend, as opposed to their biological father or an extended family member, were met with disbelief by their mothers.

The dimension of empathy that was identified corresponds to the "comfort and understanding", "were ignored" and "told to play it down" reactions discussed in the study by West (cited in McNulty & Wardle, 1994).

Comparable reactions for the dimension of blame that was identified in this study can be found in the "blaming the victim" reactions in the study by Jehu (1988), the 'experienced anger directed towards them" reaction identified by West (cited in McNulty & Wardle, 1994), as well as the "blamed the survivor" and "were angry with the survivor" reactions discussed in Ageton's (1983) study. Everson et al. (1989) also mention blame as a possible reaction of mothers to their children's disclosures.

Though no detailed examination of confidant reactions parallelling the protection and assistance dimension identified was undertaken in the literature that was reviewed, Everson et al. (1989) identified protection as a reaction children need from their mothers.

It is unclear whether the "met with amusement from peers" reaction identified by West (cited in McNulty & Wardle, 1994) reflects reactions that would be classified in the current study as un or non empathic (minimizing or demeaning a survivor's thoughts and feelings) or as stigmatizing (labelling or socially ostracizing survivor), or a combination of both. However, this reaction clearly indicates a condescending attitude that sets the confidant apart from the survivors and their experience.

The literature also provides some support for the theoretical contention that validating reactions are helpful to survivors (fostering adjustment), whereas invalidating

reactions are not. Confidant reactions most commonly rated as helpful by survivors in the 1994 study by Lamb and Edgar-Smith were: 1) said perpetrator was sick, 2) indicated abuse to not be the fault of the survivor, 3) believed survivor, and 4) showed concern for the survivor. The first two reactions in their study correspond to the validating reactions along the blame dimension identified in this study. In these reactions responsibility for the abuse is not attributed to the survivors as they are expressly told that they are not responsible for the abuse or that the abuse is directly attributable to the perpetrator (that it is the perpetrator that has done something wrong and is"ill"). The reaction of belief is identical to that of the validating reactions in the belief dimension identified in this study. The last reaction, "showed concern for the survivor" closely resembles the validating reactions of the empathy dimension, as well as those actions undertaken to protect or assist the survivors as concrete demonstrations of concern for their wellbeing found in the protection and assistance dimension, identified in this study.

In contrast, the reactions that survivors most commonly identified as least helpful in the study by Lamb and Edgar -Smith (1994) were: 1) did not believe survivor, 2) blamed or hinted at blaming survivor, and 3) indicated survivor was blowing it out of proportion. These reactions correspond to the invalidating reactions along the belief, blame, and empathy dimensions identified in this study respectively.

The finding in the study by Frenken and Vanstolk (1990) that professionals who showed an interest in and understanding of the story of abuse were most valued by survivors, whereas those professionals who ignored the story of abuse were least valued by professionals, parallels the validating and invalidating reactions comprising the empathy dimension identified in this study.

Theoretical Implications of the Identified Dimensions

Each of the dimensions that emerged have important theoretical implications from the perspective of Carl Roger's self-theory. Confidants' reactions contained messages that have the potential to be to have a salient impact on the self concept of survivors. A

discussion of the particular messages that might be conveyed along each identified dimension as well as their hypothesized impact on that the impact on the survivors' self-concept and adjustment as they relate to Roger's self theory follows. It is hoped that future empirical research will bear out whether these dimensions, in fact, are operating in the proposed manner.

Belief

In order to process the abuse in a way that will promote adjustment, it makes sense that a survivor would need to first acknowledge the fact that she has been abused. Confidant reactions of disbelief or denial can serve to disconfirm survivors' experience of being abused. Survivors in this study experienced reactions in which the message was conveyed that they were viewed by their confidant as a liar or somehow incompetent to interpret those things that they had experienced. If internalized, such messages are likely to have a powerful impact on survivors' processing of the abuse experience, as such messages may prompt survivors themselves to cast doubt on the validity of their perceptions. This is likely to interfere with survivors' ability to incorporate a solid, coherent, and authentic conceptualization of their abuse experience into their self-concept. In contrast, confidant reactions of belief, by having the experience of abuse validated by another, would likely help survivors to be able to incorporate their experience into their self-concept.

Denial in particular appears to go hand in hand with the secrecy surrounding sexual abuse that still exists to a certain extent even today. The message underlying the secrecy is that sexual abuse isn't supposed to happen; therefore, to admit that it has happened by talking about it would be to make it real. The family members of the survivors in particular appear to have engaged in denial. To accept the factuality of the survivor's abuse opens up the family members to the threat of change in family dynamics, the security, and a host of other dynamics, and the confidant may perceive it as being preferable to set aside the confronting of the implications of the abuse by denying it. This

would be consistent with the proposition put forward in the study by (Everson et al., 1989) that a mother's ability to acknowledge and respond supportively to a child's disclosure may be impeded if she is heavily dependent on the perpetrator, and consequently at risk of experiencing significant upheaval if she were to acknowledge and act on the disclosure. A similar discussion of the impact of perceived family turmoil resulting from disclosure of abuse is also found in Sauzier's (1989) profile of survivors who find it difficult to disclose.

Empathy

Empathic confident reactions are likely to convey the message that the thoughts and feelings the survivors have with regard to their experience are real, valid, and worthy of being respected. Such a reaction would also likely convey to survivors that it is okay for them to have such thoughts and feelings, that there is no need to disavow them or their expression. However, confidant reactions in which survivor's thoughts and feelings are demeaned or ignored are likely to convey the message that the survivors' thoughts and feelings are inappropriate or inconsequential. Consequently, survivors are likely to incorporate the message into their self-concept that it is not okay for them to have such thoughts and feelings, and must, therefore, deny their expression. In this way confidant reactions can serve to affirm the validity and meaningfulness of the survivor's thoughts and feelings, or they can invalidate them.

Blame

It is likely that blaming reactions convey the message to survivors that they have, somehow, brought the abuse or circumstances upon themselves, and are, therefore, deserving of the experience. In other words, that they experienced the abuse as a result of having done something bad or because they are a bad person. Such a message would serve to invalidate survivors experience of the abuse as a violation, as they "asked for it" or provoked it. It would also likely prompt survivors to engage in self-deprecating attributions for the abuse, which would then be incorporated into their self-concept.

Protection and Assistance

Confidant intervention with regard to providing protection and assistance to the survivor likely conveys the message to survivors that they matter enough to the confidant for the confidant to consider their needs for protection and support. However, if confidants engage in such behaviours in a patronizing or reluctant manner, or do not engage in them at all, survivors will likely receive the message that they are not valued enough for such action to be undertaken on their behalf or that their needs in this area are not valid. Thus, confidants' willingness, or lack thereof, to engage in such behaviours can serve to affirm survivors' sense of self-worth and the validity of the needs they experience, or it can serve to invalidate and ignore them.

In this study, it was found that many of the confidant behaviours were not related by the survivors with as much positivism as a social support framework would predict. For example, the survivors who described their confidant as firing the hired hand and the babysitter also described this action being undertaken behind the scenes, without involving them in the process of deciding what action should be undertaken, and in an atmosphere of secrecy ("whisper, whisper"). The furtiveness the survivors described surrounding the action undertaken by the confidants suggest that the support that they may have perceived from the confidants was minimal or non existent (is simply a way to cover up the situation and make it go away). The confidants appear to convey that they view the matter as "closed" upon undertaking the action, but the survivors do not give the impression that they perceived this same degree of closure. The survivor who described her father as offering to come down to the school on her behalf also appears to be describing a token act of protection, as she does not describe her father as doing anything more once she informs him that she thinks that it would be best for her to handle it herself. This lends support to the premise that it the meaning that these behaviours hold for a survivor, rather than the behaviours themselves, that may account for the impact of confidant reactions on survivors. According to Roger's self-theory, to undertake action in a token or begrudging way would serve to convey the message to the survivor that the confidant is not

undertaking the action out of a sincere desire to help the survivor and because her wellbeing is valued, which would serve to validate the survivor, but rather out of an ulterior motive.

Stigmatization/Normalization

As confidant reactions can carry strong messages of social acceptance or rejection, they have the potential to influence survivors' sense of their social belongingness. In other words, confidant reactions can leave survivors feeling different, isolated and ostracized from society, or feeling that they are no different from others and not alone in having experienced abuse .

Implications for Practice

Though there is more willingness to acknowledge the existence of sexual assaults against children in our society, this will always remain a delicate issue that will require sensitivity on the part of professionals and others alike when dealing with a disclosure of abuse. By disclosing, the survivor opens herself to dealing with the aftermath resulting from acknowledging this experience to another. Carl Roger's self theory proposes that disclosing opens up a survivor to receive feedback from a confidant that would either affirm or invalidate the experience and/or it's meaning for the survivor. This study has found strong evidence that confidant reactions can carry powerful messages of validation or invalidation along several dimensions. As outlined previously, the reactions that survivors have reported as being helpful in past research (see Lamb & Edgar-Smith, 1994) correspond to the reactions that validated the survivor and her experience in some way. This would suggest that confidants of disclosures who respond by: believing the survivor's report, seeking to understand and respect a survivor's thoughts and feelings about the abuse, actively protecting the survivor from further abuse and providing concrete assistance that is line with the survivor's felt needs, as well as affirming that the survivor is

not responsible for the abuse or somehow deficient or deviant as a result of having been abused, will be perceived by survivors as being of the most help.

In contrast, the evidence from this and previous research suggests that those confidants who do not succeed in connecting with survivors in ways that affirm the survivor and her experience are likely to not be perceived as helpful by survivors.

As such, the information that has been glened from the conducting of this research study has the the potential to contribute in significant ways to the informing of professional practice in the area of childhood sexual abuse. The information has the potential to impact both the content of education efforts as well as the the underlying philosophy/policy guiding intervention and education efforts.

This information can be used in the training of professionals, such as the police, social workers, counsellors, judges and lawyers, etc. who work with survivors. First of all, a qualitative understanding of the experiences of the women who participated in this study should serve to sensitize these professionals to the potential needs/perspective of those survivors with whom they will work. By giving them the opportunity to hear the voices of these survivors by sharing the results of this study with them, it is possible to increase their empathetic awareness of how survivors may perceive their reactions.

The results also contain pertinent information that could be included in training manuals used in universities and colleges or workplace policy/training seminars. Based on the results of this study, suggestions on how to react and not react to disclosures of childhood sexual abuse should form an important part of the training curriculum to which these professionals are exposed.

The results could also be used to develop materials that these professionals could use with their clients. For example pamplets containing information to the effect that other survivors have also experienced abuse, that survivors are not are not to blame for the abuse, etc. could be given to survivors by these professionals in order to provide affirmation of their experience.

As the research done to date has shown that survivors are most likely to disclose to family, friends, or another trusted person, pamphlets could be developed for use in educating the general public with regard to appropriate ways to react when a disclosure is made. As of yet, there is no literature, etc. that is widely available for distribution to assist educators. Based on the results of this study, Family Life Educators presenting workshops to parents and other adults likely to be the recipient of children's disclosures (i.e., teachers, coaches, youth group leaders, etc.) should not only present material on how to teach children about differentiating "good touch/bad touch", as has been done in the past but also make the participants aware of the implications that confidant reactions to disclosures of "bad touches" have for children. Specifically, based on the findings of this study, workshop leaders should address the need for parents and others to assuage children's fears with regard to receiving negative reactions, so as to promote the likelihood that children will disclose abuse experiences and thus receive appropriate support in processing their experience. The survivors in this study have indicated that the fear of not being believed, oo of being seen as deviant or somehow to blame for the abuse, etc., were salient factors in their decision to refrain from disclosing. By being made aware of these factors, efforts to provide environments that will keep these fears from being realized can be undertaken by parents and other concerned individuals. Workshop leaders could also use these findings to help formulate possible responses to disclosures that would be validating to children, which could then be shared with participants. In this way, people in general can be provided with important skills and information that will hopefully better prepare them to react in validating ways should a survvivor choose to disclose to them.

The findings of this study also have implications in guiding the philosophy/policy guiding intervention efforts. For example, these findings also suggest that counsellors working with survivors should utilize a client-centred and holistic approach that will be sensitive to survivors' need to have a core experience in their life validated. A medical model approach focused on a survivor's symptomatology, will likely keep a survivor perceiving herself as a "victim" rather than enabling her to incorporate the experience into

her self-concept in such a way as to enable her to perceive herself as a "survivor" which would promote her adjustment. These findings can also guide the objectives to be pursued in counselling. For example, if reducing feelings of stigmatization is to be an aim, the use of group therapy techniques, in which survivors can share their experiences of abuse with others who have also experienced abuse suggests itself as a possible way to meet this objective.

The results also have implications for designing appropriate procedures to guide intervention efforts and shape the policies of various social agencies involved in supporting survivors. Thus these findings could be used as part of a policy review, in which professionals could evaluate the implication of their policies and procedures in order to assess how they might be more sensitive with regard to issues of validation/invalidation inherent in them. For example, the findings also suggest that the adversarial nature of the legal system may serve to provide invalidation to the survivor by requiring her to "prove" that she has been abused, etc. Examining possible ways to make this procedure less invalidating, for example having an advocate that would explain courtroom protocol and provide affirmation and reassurance while the survivor goes through court could make the procedure less daunting for a survivor. With regard to counselling, I think of the survivor in this study who desribed the impersonal/stigmatizing experience imposed on her by the way the waiting room and registration procedures in the counsellor's office were set up. Being made to go though less stigmatizing procedures to obtain counselling would have better served this survivor's needs.

Conclusion and Suggestions for Future Research

The results of this study suggest that confidant reactions do indeed convey important messages of validation or invalidation of survivors and their experiences. This study has isolated five dimensions along which validating and invalidating messages can be conveyed. The findings also suggest that the validation or invalidation that survivors anticipate receiving play a significant role in survivor's decisions to disclose or not. As

such, the findings suggest that Carl Roger's self theory does indeed offer promise as a theoretical framework from which to conduct future research with regard to the impact of confidant reactions on the subsequent adjustment of survivors.

There are several ways in which future qualitative and quantitative research can build on this study. First, this study has served to provide an initial understanding of survivors' perceptions of reactions that they received from their confidant(s) following their disclosure(s). However, further descriptive research should be pursued in an effort to expand on the knowledge provided by this study. First, this study has only examined the experiences of women survivors. Therefore, studies examining the experiences of male survivors are needed in order understand in what ways the experiences of men and women survivors are similar to and/or differ from each other. (It would also be beneficial to obtain information on the other half of this interaction process by interviewing confidants as well about how they perceived themselves as reacting to disclosures made to them.)

Second, as the data for this study had already been collected, the analysis was constrained to an examination of the survivors' answers to the questions that were asked as part of the interview. Specifically, the survivors were asked to described their confidant(s)' reaction(s), but were not asked what impact, if any, the reaction they received had on them as survivors. Some survivors described how they experienced their confidant's reaction in the context of describing their disclosure experience; however, this issue was not systematically addressed as an integral component of the interview. Future research could address this gap by asking questions that would probe further as to the survivors' thoughts and feelings about the reaction(s) they received to their disclosure(s), thus permitting a more complete understanding of how survivors perceived the reaction and its impact on them.

Related areas to explore through qualitative research that would be to ask survivors about their motivation for disclosing or not disclosing and the outcome they anticipated and/or desired to result from their disclosure. This would shed light on the

goals and meaning that the disclosure process may have for survivors, thus identifying what they might be seeking from confidants in response.

Asking questions in future qualitative research that would prompt survivors to elucidate on their perceptions as to how the confidant(s) reaction has impacted them and their adjustment (if at all) as well as their motivations surrounding their disclosure/non disclosure and choice of confidant would also assist in refining our conceptualizations as we engage in theory building (around the effect of confidant reactions on survivor's subsequent adjustment). According to Roger's self theory, survivors are hypothesized to internalize the message(s) that they have received from the confidant and their reaction into their self concept, which in turn is hypothesized to affect their adjustment. Further qualitative research would further inform us as to whether survivors do indeed experience confidants reactions having meaning for how they perceive themselves and their experience, and specifically, whether survivors' answers to these questions suggest that there is indeed a process of internalization that occurs which impacts their self-concept. Asking survivors whether they have found the reactions they have received helpful or not, and why, will help inform theory building around the relationship between confidant reactions and survivors' adjustment. Responses to these questions will indicate whether there is support for a self-theory explanation of the impact of confidant reactions to disclosure on survivor's subsequent adjustment.

In turn, the more informed theory building and conceptualization of variables made possible by such qualitative research, will assist in forming a solid groundwork from which to engage in theory testing. In order to test Roger's self theory specifically, quantitative research in which the self concepts of survivors who report receiving reactions in which invalidating messages were conveyed are compared to those who report receiving reactions in which validation was conveyed needs to be undertaken in order to determine whether significant, and theoretically consistent, differences exist between the two. The indirect effect of confidant reactions on survivor's adjustment, through it's hypothesized impact on the survivors' self concept, needs to be similarly tested in future research.

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Appendix A

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May 15, 1995

75th Anniversary 1918 to 1993 Household Economics Home Economics Human Ecology

Community Calendar
CFRN TV

Attention: Janet

FAX 484-8016

Dear Janet:

We are conducting a research study on survivors of child sexual abuse at the University of Alberta. We would like to advertise this study through your public service announcements. This study is supported by an University of Alberta research fund called Endowment Fund for the Future. The information to be included in the public service announcement is the following:

Study on Survivors of Child Sexual Abuse

Under the direction of Dr. Berna Skrypnek, researchers at the University of Alberta are conducting a study with adult women who were sexually abused as children. The researchers are interested in learning more about women's experience of childhood sexual abuse, about how women have coped with this experience, and about any problems they have experienced as a result of the abuse.

If you were sexually abused when you were under 18 years of age and would like more information about this study or would like to participate in this research, please call Devona or Amanda at 492-5303. (All inquiries are completely confidential.)

This research is being conducted under my direction. If you need any additional information in order to place the announcement, I would be pleased to provide it. You may contact me at:

telephone: 492-0192 or 492-5771
fax: 492-6345

Would it be possible to run the announcement over a three week period? It could begin immediately.

Yours sincerely,

(Dr.) Berna J. Skrypnek, Ph.D., Chart. Psych.
Assistant Professor

Appendix B

CHILDHOOD SEXUAL ABUSE INTERVIEW SCHEDULE

(These questions are to be read by the interviewer during the interview.)

The first part of the study is an interview. The interview will begin with some very general questions about you and your background (like age, your family, employment, etc.) and then will move on to questions about the sexual abuse you experienced as a child.

With your permission, I would like to tape the interview as this allows me to obtain the most accurate information and I don't have to be distracted by taking detailed notes. Is this O-K?

(If at any point you want me to turn it off, just let me know.) Do you have any questions?

I am turning on the tape recorder now. Let's begin the interview!

DEMOGRAPHICS

First, can you tell me something about yourself? When you were born? Where you grew up?

1. Date of birth? ___/___/___
   day/month/year
2. Where were you born? _____
   town, province, country
3. Where did you grow up? _____
   town, province, country
4. Did you live with your parents when you were growing up?
   _____father
   _____mother
   _____other (specify,_____)
5. What kind of work did your father do when you were growing up? _____

   What about your mom? Was she a stay-home mom or did she work outside the home? (parttime/fulltime)? _____
6. Do you have any brothers and sisters?

   _____yes --- Can you tell me a little bit about them? How many and what are their ages?
   (note gender and age)

   _____no

   _____ ___ _____ ___
   _____ ___ _____ ___
   _____ ___ _____ ___
7. Tell me about the schooling you've had? (Record highest level)

   _____ grade 6 or less
   _____ grade 7 – 9
   _____ grade 10 or 11
   _____ grade 12

   _____ other, (specify_____)

   _____ some technical/trade school/certificate
   _____ some college/ college diploma
   _____ some university
   _____ bachelor's degree
   _____ master's degree
   _____ doctoral degree
   _____ professional degree (M.D., D.D.S., L.L.B.)

...your family when you were growing up?

_____yes --- How important a role would you say religion played in your family when you were growing up?
_____no
_____extremely important
_____very important
_____moderately important
_____somewhat important
_____not at all important

What was your religious affiliation when you were growing up?
_____

9. Do you have a religious faith or spiritual involvement that plays a role in your life today?
__ __YES ----- Affiliation or describe faith? _____
_____NO (e.g., Roman Catholic, Buddhist, etc.)

10. Tell me about any paid or unpaid work you do.
(Check as many as applies. Probe as necessary.)
Are you a part time or full time student?
Are you on unemployment or social assistance, etc.?

_____ employed full-time
What type of job do you have? _____ sales clerk, steno, banker, etc.
How long have you had your job? _____ specify whether weeks, months, years

_____ employed part-time
What type of job do you have? _____ sales clerk, steno, banker, etc.
How long have you had your job? _____ specify whether weeks, months, years

_____ full-time student
program of study? _____
institution? _____

_____ part-time student
program of study? _____
institution? _____

_____ full-time homemaker
Have you ever worked outside the home? _____
When did you last work outside the home? (date last day worked?) _____
What type of job did you have? _____

_____ unemployed, not looking for work
When did you last work? (date last day worked?) _____
What type of job did you have? _____

_____ unemployed, looking for work
When did you last work? (date last day worked?) _____
What type of job did you have? _____

_____ retired
when/date? _____
What type of job did you have? _____

_____ social assistance

_____ other, please specify _____

11. Now, I'd like to ask you a few questions about your marital status and living situation?

What is your current marital status?

_____ single, never married

Are you currently in a relationship? _____ yes _____ no

Do you live alone? _____ yes
_____ no With whom do you live? _____

If not currently living with parents, ask —
How old were you when you first left your parents' home?_____

_____ married
Is this your first marriage?
_____ yes
_____ no How many times have your been married? _____

How old were you when you were married **(for the first time)**? _____
How old were you when you first left your parents' home?_____

_____ common law/cohabiting
Is this the first partner with whom you've lived common law?
_____yes
_____no With how many partner's have you lived?_____

How old were you when you first lived common law? _____
How old were you when you first left your parents' home?_____

_____ separated
Was this your first marriage?
_____yes
_____no How many times have you been married? _____
How old were you when you were married **(for the first time)**? _____
How old were you when you first left your parents' home?_____

_____ divorced
Was this your first marriage?
_____yes
_____no How many times have you been married? _____
How old were you when you were married **(for the first time)**? _____
How old were you when you first left your parents' home?_____

_____ widowed
Was this your first marriage?
_____yes
_____no How many times have you been married? _____
How old were you when you were married **(for the first time)**? _____
How old were you when you first left your parents' home?_____

12. Do you have any children?
_____ yes _____ no
If YES, how many? _____

Are they boys or girls? _____ girls _____boys

How old are each of your children? Start with the age of the eldest child.

Child 1 – _____yrs	Child 6 – _____yrs
Child 2 – _____yrs	Child 7– _____yrs
Child 3 – _____yrs	Child 8 – _____yrs
Child 4 – _____yrs	Child 9 – _____yrs
Child 5 – _____yrs	Child 10– _____yrs

FOR THOSE CURRENTLY IN A RELATIONSHIP answer 13 – 15.
For those NOT currently in a relationship SKIP to question 16.

13. Tell me about your current relationship. What's it like? [Probe: Can you tell me how you communicate? How are your needs met in your relationship?]

14. Does your partner know that you were sexually abused as a child? _____yes _____no

15. Has this relationship ever been abusive in any way? (check all that apply)

_____ no
_____ physically abusive
_____ sexually abusive (pushed or pressured into sex psychologically or physically)
_____ emotionally abusive (constant criticisms/put downs, name-calling, controlled, punished)

Now I'd like to ask you some general questions about your experiences since you've turned 18.

16. As an adult (since turning 18 years old), have you ever been sexually assaulted (by someone you know or a stranger)?

_____yes ----- How many times? _____
__ __no

17. As an adult (since turning 18 years old), have you ever been sexually harassed?

_____yes ----- How many times? _____
_____no

18. In the past, as an adult (not considering your current relationship), have you ever been in a relationship that was abusive in any way?

_____ no
_____ physically abusive
_____ sexually abusive (pushed or pressured into sex psychologically or physically)
_____ emotionally abusive (constant criticisms/put downs, name-calling, controlled, punished)

CHILDHOOD SEXUAL ABUSE

Now we are going to switch the focus and concentrate on the sexual abuse you experienced as a child. Some women find it difficult and upsetting to talk about, whereas others don't. I think that it takes a lot of courage to discuss these childhood experiences, and if at any point you wish to stop the interview or if you want the tape recorder turned off, just let me know.

If you are ready, can you tell me about the sexual abuse you experienced as a child?

Probe to find out:

1. PERPETRATOR
   - Can you remember who it was?

   - What was the perpetrator's age?

   - How is the perpetrator related to you? (father, cousin, friend, stranger, babysitter, mailman, etc.)

2. VICTIM
   - Do you remember when it first started? How old were you?

   - Do you remember how old you were when it ended?

3. SEXUAL ABUSE
   - Can you tell me what the perpetrator did?

   - Can you remember how often the abuse occurred?
     - was it once a month?
     - once a week?
     - twice a month?
     - twice a week?
     - other?

   - Did you ever receive any special favors, material things, or even better treatment from the perpetrator for being abused?

   - Were you ever threatened in any form by the abuser?

Chil

4. DISCLOSURE
   - Did you ever tell anyone about the sexual abuse?

   - Who was it that you told?

   - How old were you when you told?

   - What was their reaction?

REPRESSION
   - Did you ever forget parts of the abuse or total parts of the abuse?

   - Did you have total recall of the abuse?

   - Do you remember all of the abuse?

DISSOCIATION
   - Do you remember how you coped with the sexual abuse as it occurred to you?

5. Did you ever need to see a doctor or were you ever hospitalized as a result of being abused as a child? _____ yes _____ no (If yes, please ask respondent to explain.)

What happened? _____

_____

_____

_____

6. Do you remember anything else that happened in your childhood or adolscence that related to sexual abuse? Anything at all that made you feel uncomfortable?

_____

_____

_____

_____

Thank you for telling me this. It takes a lot of courage to talk about these experiences in your childhood. (ASK RESPONDENT IF SHE WOULD LIKE TO TAKE A BREAK BEFORE YOU PROCEED.) If it is OK, I'd like to move on and now ask you some questions about how you thought about the abuse as a child and how you think about it now.

WHY WE THINK SEXUAL ABUSE OCCURRED

This part of the interview will ask you to consider why you think the abuse occurred. If possible, I would like you to tell me about your thoughts and feelings on why the abuse occurred.

1. When somethings happens to us, like suxual abuse, we often ask ourselves "WHY" or "WHY DID THIS HAPPEN TO ME?" or "WHY ME?"

Have you ever asked yourself 'WHY DID THIS SEXUAL ABUSE HAPPEN TO ME?"

_____ YES

_____ NO

2. As you look back now and think about your experience of being sexually abused as a child, why do you think it happened? (If only one reason is given, probe for other reasons.)

_____

_____

_____

_____

_____

3. Do you remember whether, as a child, you asked the question "Why me?" "Why is this happening to me?" YES
or

N

O

Do you remember any reasons why you thought the sexual abuse was happening when you were still a child?

_____

_____

_____

4. As you reflect on reasons why the abuse occurred, have your thoughts changed over time? [Probe: Describe how they have changed? When did the way you think about the abuse change? What contributed to these changes?]

_____

_____

_____

5. Many women mention that at times they have blamed themselves. Have you ever blamed yourself?

_____

_____

_____

_____

_____

Notes to Interviewer: Probe to get clarification about the reasons participants spontaneously share in response to above questions. If participants only offer one reason, ask if there are other reasons why they think the abuse happened to them, but do not lead them to reasons that they do not spontaneously mention.

Thank you for talking about reasons why you think you were abused. Now I would like to ask you some questions about your healing.

HEALING PROCESS

1. In what ways do you think that your experience of being sexually abused affected your life growing up? (i.e. in terms of self-esteem, friendships, relationships with family members, school, sports, puberty, development of sexuality, etc.)

2. In what ways do you think that your experience of being sexually abused affects your life now? (i.e. in terms of self-esteem, relationships with partners/other family members/children, work, health, leisure activities, etc.)

3. At what point do you feel that you are in your healing process?

4. What has contributed to your healing? (i.e. experiences, people, events, etc.)

   Probe about nonprofessional contributions to healing
   - friends
   - partners
   - children
   - self-help groups
   - special experiences
   - turning points, etc.

5. Have you ever sought counselling or therapy?

   _____ No

   If no, have you ever wanted to seek therapy but did not?
   _____ Yes Why not? _____

   _____

   _____

   _____ No

5. Have you ever sought counselling or therapy?

_____ Yes

If yes, can you tell me that therapy has been like for you?

Probes

1. How old were you when you first sought counseling? _____ years old

2. Do you remember why you first sought counseling? (any particular event that precipitated seeking counseling)

_____

_____

3. How was this experience for you? _____

_____

_____

4. Have you seen more than one therapist?

_____ Yes How many _____

_____ No

What happened to make you seek out someone else?

_____

_____

_____

5. Are you currently in therapy/counseling?

_____ Yes How often do you go?

_____ daily
_____ more than once per week
_____ weekly
_____ every two weeks
_____ monthly
_____ only occasionally as needed

_____ No

6. What was happening to make you seek counselling this current time?

_____

_____

Appendix C

CONSENT FORM INFORMATION

Title: Thoughts, Feelings and Problems Related to Childhood Sexual Abuse

Investigators: Dr. Berna Skrypnek, Ph.D. (492-0192)
Devona Gibson, B.A. (492-5303)
Amanda Gibson, B.A. (492-5303

Purpose: We are interested in learning about the relationship between women's thoughts, feelings and problems in connection to their experiences of sexual abuse.

Procedure: This study involves one session, which will consist of an interview and paper and pencil questionnaires. The interview will probably take about 1 to 1 1/2 hours to complete. There are five paper and pencil questionnaires that take approximately 45 minutes to complete. The interview will be conducted in an office at the University of Alberta. If this is not comfortable or convenient for you, an alternative location will be arranged.

Possible Side Effects: The interview asks you about the nature and extent of the childhood sexual abuse and this may be upsetting for you to recall. You will be treated with sensitivity and respect; therefore, if the interview becomes too upsetting we will stop.

Confidentiality: With your permission, the interviews will be audio-taped. The tapes will be transcribed. After typing the tapes, the tapes will be destroyed. All names and any other information that might identify you will be deleted from the transcripts. Data from the questionnaires you complete will be entered into a computer using an identification number. The data analysis will **not** reflect the individual identities of participants.

Time Commitment: The study will require approximately two and a half hours of your time.

Withdrawal: **As your participation is completely voluntary, you may withdraw from this study at any time without prejudice.**

Research Results: You may write or phone us for a copy of the research results. The address is:

Dr. Berna Skrypnek
3-38 Assiniboia Hall
Department of Human Ecology
University of Alberta
Edmonton, AB
T6G 2E7
Telephone: 492-0192 or 492-5303.

CONSENT FORM

I acknowledge that the nature of this study has been described to me and that any questions that I may have asked were answered to my satisfaction. I have been provided with an information sheet on the study and have read it. I understand that I am being asked to participate in one interview which will be taped (if I give my permission) and to complete five paper and pencil questionnaires. I understand that the interview and questionnaires will require about 2 and a half hours to complete in total. I understand that the interview and questionnaires will be completed at the University of Alberta, or some other location, at my convenience. I have been assured that my responses during the interview and my responses on the questionnaires will be kept completely confidential.

I understand that I may keep a copy of the information sheet and this consent form, and I know that should I have more questions at any time, I may contact any one of the people involved in the research.

_____ _____

Signature of Participant Signature of Researcher

_____

Date

Appendix D

Debriefing Form

Now that you have completed the interview and questionnaires, I would like to provide you with some further information about our study and ask you about your reactions to the study.

Research and clinical practice with survivors has indicated that a number of factors are related to adjustment later in life, and in this study we asked you about a number of these factors. The type of sexual abuse (for example, whether or not intercourse occurred) has been found to affect adult adjustment. Overall, it appears that those survivors who experienced intercourse have more problems as an adult. In addition, the survivor's relationship to the offender has been found to affect adjustment. In general, the closer the relationship between the offender and the survivor, the more significant the impact is. Also, survivors often make statements of self-blame about the sexual abuse they experienced as a child. Some experts believe that any type of self-blame is related to more problems as an adult. However, other experts disagree and say that some types of self-blame may actually aid adjustment late in life. Finally, whether or not the survivor disclosed about the abuse, and the reaction of others to this disclosure has also been found to affect adjustment as an adult.

Do you feel like some of these factors have affected you? (PROBE: Has anyone factor been more significant in how you feel about the abuse you experienced?)

I would also like to ask you if the questionnaires you just filled out made sense to you? Or, were there some questions that you thought did not make sense at all?

How did you find the experience of participating in this research? Did you find the experience helpful? In what ways? Was the experience disturbing for you in any way? Many women may find that it brings up painful memories, and we have therefore provided a list of resources for you in case you do need to talk to someone about this. (Provide interviewee with resource list)

Were there any questions you expected to be asked, but that I did not ask?

Is there anything else you would like to tell me about?

Do you have any final questions?

I would like to provide you with an information sheet in case you have any questions about our study at a later date. If you would like the results of the study, please contact any of us at the numbers provided. (Give information sheet)

I would like to thank you for your participation in our research. It was very courageous of you and the knowledge we have gained will help other survivors.

Appendix E

FINAL INFORMATION SHEET

I want to thank you for your participation in this research. It is appreciated as I know how valuable your time is. In addition, the research would not have been possible without your help. So thank-you for the gift of your time and your experience.

If you would like the results of this research, please feel free to contact me or:

Dr. Berna Skrypnek
3-38 Assiniboia Hall
Department of Human Ecology
University of Alberta
Edmonton, Alberta
T6G 2E7

Sexual abuse experienced as a child may leave one with many questions, thoughts or feelings. It can have an impact on the quality of one's relationships in a significant manner. In any event, no matter how you have experienced the sexual abuse, if you feel the need to explore any issue in a supportive context, there are a number of agencies which provide professional and supportive counselling services.

RESOURCE LIST

Sexual Assault Centre
#400, 9939 Jasper Avenue, Edmonton, Alberta
423-4102
Services:
1. **Crisis Line**- offers 24 hour service for survivors or for those who have been assaulted in the past or present. Call 423-4121.
2. **Counselling Services**- Individual counselling for those in crisis. Call for an appointment.
3. **Group Therapy**- Offers a series of counselling groups an a short-term basis. For example, a group will run once a week for a duration of 8 weeks.

The Support Network
#302, 11456 Jasper Avenue, Edmonton, Alberta
482-0198
Services: Provides a variety of services for the general public which include personal counselling, family counselling, and self-help group directory; Directory of Community Services, Suicide Prevention and Bereavement Services; and volunteer training for distress line.

Distress Line
Edmonton, Alberta
482-4357
Services: Offers 24 hour supportive listening and crisis intervention for those who need it. Staff are trained to be effective listeners and how to deal with crisis situations. Access to the Mobile Mental Health Crisis Team.

Catholic Social Services
8815-99 Street, Edmonton, Alberta
432-1137
Services: Offers counselling to survivors as well as intensive weekend workshops for women who have experienced sexual assault. Also offers survivors therapy groups.

U of A Sexual Assault Centre
040J Student's Union Building
University of Alberta
492-9771
Services: Provides crisis intervention; short-term support and assistance; assistance through-out healing process; and referrals for long-term assistance for adult survivors, acquaintance and stranger assault and dating violence.

SARA- Sexual Assault Recovery Anonymous
Contact: Lynn at 496-5866
This is a mutual aid/self-help group for survivors of sexual abuse. The group meets weekly, and deals with topics related to the impacts of abuse.

The Family Center
9912-106 Street, Edmonton, Alberta
423-2831
Services: Offers individual and group therapy for survivors; trained therapists work on a sliding scale.

Community Service Referral Line
Phone: 482-4636
This service provides information and referral to over 3,000 community agencies.

U of A Student Counselling Services
225 Athabasca Hall
University of Alberta
492–5205
Services: Offers individual counselling as well as groups for survivors

Private Therapists
There are a number of therapists who are skilled in counselling women who have experienced sexual assault. The Sexual Assault Centre has compiled a list of qualified therapists. Therapists will differ in their fees and approaches. For further information about therapists skilled in dealing with sexual assault, contact the Sexual Assault Centre at 423–4102.